




Acting Chair - Alistair Morris

10:00 - 10:10 **1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**
10 min
AM


10:10 - 10:10 **2. DECLARATION OF MEMBERS' INTERESTS**
0 min
AM

10:10 - 10:10 **3. APOLOGIES FOR ABSENCE - A Grant, A Haston, J Kemp and M McGurk**
0 min
AM

10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETINGS HELD ON 30 MAY AND 27 JUNE 2023**
0 min
(enclosed) AM
 Item 04 - Minutes 20230530.pdf (13 pages)
 Item 04 - Minutes 20230627.pdf (5 pages)

10:10 - 10:10 **5. MATTERS ARISING / ACTION LIST**
0 min
(enclosed) AM
 Item 05 - Action List.pdf (1 pages)

5.1. Chief Internal Auditor Appointment Process

(enclosed) MM
 Item 05.1 - SBAR CIA Appointment Process.pdf (3 pages)

10:10 - 10:30 **6. CHIEF EXECUTIVE'S REPORT**
20 min

6.1. Chief Executive Up-date

(verbal) CP

6.2. Patient Story

(Presentation) CP

10:30 - 10:40 7. CHAIRPERSON'S REPORT

10 min

7.1. Chairperson's Update

(verbal) AM

7.2. Board Development Session - 27 June 2023

(enclosed) AM

 Item 07.2 - Board Development Session Note 20230627.pdf (1 pages)


10:40 - 11:10 8. PERFORMANCE

30 min

8.1. Integrated Performance & Quality Report (June)


(enclosed) CP

 Item 08.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)

 Item 08.1 - Integrated Performance & Quality Report.pdf (37 pages)

8.2. Financial Performance & Sustainability Report (May)

(enclosed) MM

 Item 08.2 - SBAR Financial Performance & Sustainability Report.pdf (8 pages)

8.3. Annual Delivery Plan 2023/24

(enclosed) MM

 Item 08.3 - SBAR Annual Delivery Plan.pdf (4 pages)

11:10 - 11:30 9. GOVERNANCE

20 min

9.1. Governance Committee Chairs' Reports

(verbal) AM

9.2. Internal Audit Annual Plan 2023/24

(enclosed) MM


 Item 09.2 - SBAR Internal Audit Annual Plan 202324.pdf (14 pages)


11:30 - 11:40 10. STRATEGY


10 min


10.1. Fife Primary Care Strategy


(enclosed) CM

 Item 10.1 - SBAR Primary Care Strategy.pdf (8 pages)

 Item 10.1 - Appendix 1 Fife Primary Care Strategy 2023_26 Final Draft.pdf (34 pages)

 Item 10.1 - Appendix 2 Primary Care Strategy Participation and Engagement Consultation Summary justified.pdf (6 pages)

 Item 10.1 - Appendix 3 Primary Care Strategy 2023-26 EQIA V1.1.pdf (8 pages)

 Item 10.1 - Appendix 4 Fife Primary Care Strategy 2023_26 Summary Version Final Draft.pdf (6 pages)

11:40 - 12:00
20 min

11. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

(enclosed) JT

- Item 11 - SBAR Fife NHS Board 250723 DPH Report Final.pdf (5 pages)
- Item 11 - Appendix 1 DPH Report 2023 v7 2.pdf (56 pages)
- Item 11 - Appendix 2 DPH Annual Report 2023 Information Supplement.pdf (66 pages)

12:00 - 12:05
5 min

12. STATUTORY AND OTHER COMMITTEE MINUTES

12.1. Audit & Risk Committee dated 23 June 2023 (unconfirmed)

- Item 12.1 - Minute Cover A&R.pdf (1 pages)
- Item 12.1 - Audit & Risk Committee Minutes (unconfirmed) 20230623.pdf (9 pages)

12.2. Clinical Governance Committee dated 7 July 2023 (unconfirmed)

(enclosed)

- Item 12.2 - Minute Cover CGC.pdf (1 pages)
- Item 12.2 - Clinical Governance Committee Minutes (unconfirmed) 20230707.pdf (11 pages)

12.3. Finance, Performance & Resources Committee dated 11 July 2023 (unconfirmed)

(enclosed)

- Item 12.3 - Finance, Performance & Resources Committee Unconfirmed Minutes – 11 July 2023.pdf (6 pages)

12.4. Public Health & Wellbeing Committee dated 3 July 2023 (unconfirmed)

(enclosed)

- Item 12.4 - Minute Cover PHWC.pdf (1 pages)
- Item 12.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230703.pdf (8 pages)

12.5. East Region Programme Board dated 26 May 2023

- Item 12.5- Minute Cover ERPB.pdf (1 pages)
- Item 12.5 - ERPB 260523 Draft Minutes V2.pdf (11 pages)

12.6. Fife Health & Social Care Integration Joint Board dated 31 March 2023

(enclosed)

- Item 12.6 - Minute Cover IJB.pdf (1 pages)
- Item 12.6 - IJB 310323 Final Minute.pdf (8 pages)

12.7. Audit & Risk Committee dated 15 March 2023

- Item 12.7 - Audit & Risk Committee Minutes (confirmed) 20220315.pdf (8 pages)

12.8. Clinical Governance Committee dated 5 May 2023

(enclosed)

- Item 12.8 - Clinical Governance Committee Minutes (confirmed) 20230505.pdf (11 pages)

12.9. Finance, Performance & Resources Committee dated 9 May 2023

(enclosed)

- Item 12.9 - Finance, Performance & Resources Committee Confirmed Minutes – 9 May 2023.pdf (6 pages)

12.10. Public Health & Wellbeing Committee dated 15 May 2023

(enclosed)

 Item 12.10 - Public Health Wellbeing Committee Minutes (confirmed) 20230515.pdf (9 pages)

12:05 - 12:10
5 min

13. FOR ASSURANCE:

13.1. Integrated Performance & Quality Report - May 2023

(enclosed) MM

 Item 13.1 - IPQR May 2023 EDG v2.pdf (41 pages)

12:10 - 12:10
0 min

14. ANY OTHER BUSINESS

12:10 - 12:10
0 min

15. DATE OF NEXT MEETING: Tuesday 26 September 2023 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 30 MAY 2023 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

ALISTAIR MORRIS

Acting Chair

Present:

A Morris (**Chairperson**)

C Potter, Chief Executive

S Braiden, Non-Executive Director

W Brown, Employee Director

D Graham, Non-Executive Director (part)

A Grant, Non-Executive Director

C Grieve, Non-Executive Director

A Haston, Non-Executive Director

J Keenan, Director of Nursing

J Kemp, Non-Executive Director

A Lawrie, Non-Executive Director

K MacDonald, Non-Executive Director

Whistleblowing Champion

M Mahmood, Non-Executive Director

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care

C Dobson, Director of Acute Services

B Hannan, Director of Pharmacy & Medicines

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

D Miller, Director of Workforce

N Stevenson, Communications Manager (Press & Media)

P King, Corporate Governance Support Officer (Minute)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, noting this was his first Board meeting since taking over as Acting Chair of NHS Fife on 1 April 2023. The Chair reminded everyone that the notes are being recorded with the Echo Pen to aid production of the minutes.

The Chair began his opening remarks by paying tribute to the staff and volunteers of NHS Fife and its partners for their continued dedication and commitment to the work

they do for the population of Fife, particularly as health care services continue to be under pressure.

On behalf of the Board, the Chair congratulated the Children's Community Nursing team, who have been announced as finalists in the Children's Nursing and Midwifery category of the Royal College of Nursing's Nurse of the Year Awards. The team are delighted to get this far and will be attending the awards ceremony in Edinburgh on 21 June 2023. The team regularly go above and beyond to support over 160 children, young people and their families Fife-wide. Their devotion, passion and genuine interest in the well-being of their patients and their families continues to make life changing differences and improvements to their patients' lives.

The Chair highlighted that Queen Margaret Hospital in Dunfermline has become the first in Scotland to introduce the use of an innovative new device (iTind) to treat lower urinary tract symptoms associated with an enlarged prostate. The new treatment, which was carried out for the first time in April, is less invasive than traditional surgical interventions and patients can be treated as day-cases and return home the same day. Over recent years, Queen Margaret Hospital has become a centre of excellence for urological surgery, offering a series of new and pioneering surgical innovations. The successful adoption of iTind follows the use of the Urolift procedure in 2018 and Rezum in 2020, both of which were carried out at Queen Margaret Hospital ahead of anywhere else in Scotland. Congratulations, on behalf of the Board, were offered to the team.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

There were no apologies for absence.

4. Minute of Previous Meeting Held on 28 March 2023

The minute of the meeting noted above was **agreed** as an accurate record.

5. Matters Arising / Action List

There were no matters arising.

The Board **noted** the updates provided in the action list.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

The Chief Executive took the opportunity to congratulate A Morris on his appointment as Acting Chair. The Executive Team is delighted to be working with him in his new capacity and will do whatever they can to support him and the Board in respect of governance and scrutiny in the months ahead.

The Chief Executive continued to meet regularly with the Chief Executives from all NHS Boards across Scotland, and with the Director General for Health & Social Care and the Chief Operating Officer of NHS Scotland. Chief Executives had the opportunity at the start of the month to meet the new Cabinet Secretary to hear his expectations. In the regular Board Chief Executives' meetings there is focus on all aspects of the Government's priorities for recovery within the NHS: from primary care through to urgent/unscheduled care; cancer services and planned care; mental health; health inequalities and population health; climate emergency; digital and innovation; financial sustainability and last, but not least, our workforce. These issues are high priority for us locally, and further detail will be set out in the Annual Delivery Plan, which the Board will consider next month.

At the start of the month, the Acting Chair and Chief Executive joined the Director of Acute Services on a visit to the Rapid Triage Unit, Emergency Department, and AU1 to see first-hand the challenges the teams are facing. It was a hugely inspiring afternoon and showed the extent to which our teams are adapting and redesigning, to support patients when they need emergency care.

It was noted that 5 July 2023 marks the 75-year anniversary of the NHS. Plans are underway to mark this locally, with further details to follow.

Finally, the Chief Executive recorded her personal thanks to the team across NHS Fife, stating she continued to be inspired and humbled by the unwavering commitment of our staff to do the right thing by those who need our care each day.

6.2. Patient Story

The Chief Executive welcomed the addition of the Patient Story to the Board agenda. It is intended to provide members with the opportunity to hear a Patient or Staff Story at each Board meeting, to assist with triangulating information about performance and service delivery and how it feels from a staff or patient experience.

The Chief Executive invited the Director of Nursing to introduce this meeting's Patient Story.

The Director of Nursing presented a positive story to the Board regarding a patient who had provided feedback via Care Opinion about the care and treatment received at a difficult time in his life, when he started to suffer from depression because of his physical condition and pain. The support and compassion of staff in helping the patient cope and improve during this time was highlighted.

D Graham joined the meeting.

It was noted that feedback from Care Opinion is encouraged and can be both positive and negative. An explanation of how feedback is generated into the services via Care Opinion was provided, noting work is underway to roll out this out to social care as well as health services. It is also a good source of information for non-clinical services, with patient comments about food, domestics, etc, passed back to the respective teams.

The Board **noted** the information provided in the patient story.

7. CHAIRPERSON'S REPORT

7.1. Chairperson's Update

The Chair provided a summary of his first two months as Acting Chair of NHS Fife.

He advised that he met with NHS Scotland Health Board Chairs and the new Cabinet Secretary, who made it clear that Board Chairs need to assure him that improvement is being made towards meeting performance targets. This had been backed up in a presentation by the Chief Operating Officer of NHS Scotland. Whilst moving closer to target is a focus, NHS Chairs were also raising the various challenges in addressing these with Scottish Government colleagues, particularly in relation to workforce availability and planning.

The Chief Executive reported that the Board Chief Executives also met monthly as a group and with functional directors and Scottish Government colleagues and positive and robust discussion takes place on the current situation around unscheduled care, the waiting list backlog, the financial position and financial sustainability and looking forward.

The Director of Finance & Strategy confirmed that the NHS and wider public sector has a financial sustainability challenge, but she suggested that the bigger challenge is that the workforce required to deliver services is not available and this is driving spend that does not represent best value. This was raised by the Auditor General last financial year, which highlighted that the current service arrangement 2022/23 is not sustainable in the longer term and needed detailed societal discussion about how best to allocate resources.

The Chair recognised that there are challenges, but NHS Fife is in as good a position as it can be. A Wood, Non-Executive Director, commented that it was important to focus on how the resources available can be used to get the best care possible for the people of Fife and she emphasised the need to put forward a realistic plan that demonstrates improvement and aligns to our current Population Health & Wellbeing Strategy to guide the Board over the next few years.

The Chair reported that the visit to the unplanned care areas had been fascinating and, as always, when talking with staff, he was humbled by staff professionalism, care, enthusiasm and interest. He highlighted the need for the Board to continue to do what it can to support staff in their work.

It was noted that the Chair held his first meeting with Non-Executive Board Members to speak about the role of a Non-Executive Board Member in holding Executive Directors to account in a proper and respectful way and for support to be provided to the Executives as they lead change across the organisation.

7.2. Committee Membership

The Chair presented the paper, which outlined the recent Board Committee Membership appointment changes, for formal Board endorsement. He highlighted that discussion would take place with the Board Secretary to consider the status of various 'Champion' roles and Board members would be invited to note their interest in taking on any of these positions.

The Board **formally approved** the new Committee membership arrangements.

7.3. Board Development Session – 25 April 2023

The Board **noted** the report on the recent Development Session.

8. PERFORMANCE

8.1. Integrated Performance & Quality Report (IPQR)

The Chief Executive confirmed that the April 2023 IPQR had been scrutinised through the Governance Committees and she added that discussion was underway to consider whether the finance report should remain encompassed within the IPQR or separated out. Executive Leads made comment on the key issues emerging from those discussions:

Clinical Governance

The Director of Nursing provided an update on the key issues from a clinical governance perspective, which were related to Inpatient Falls, Pressure Ulcers and Healthcare Acquired Infections (HAI) including the staphylococcus aureus bacteraemia (SAB); c.difficile and e-coli bacteraemia rate. It was noted that work continued to improve complaints management to increase the rate of response. This included the drafting of a "complaints escalation" standard operating procedure (SOP) and the creation of a preliminary summary page for the Patient Experience Team Dashboard by the Digital & Information team, which will be reviewed over the next month to agree on data metrics and reporting priorities. Thanks were given to the Chair of the Clinical Governance Committee for taking time at a recent meeting to give advice on how to present measures going forward.

In response to queries around complaints management, the Chair of the Clinical Governance Committee assured the Board that, alongside the IPQR, the Clinical Governance Committee received a detailed Patient Experience Report, which provides significant assurance on work underway around complaints management and the improvements that are being made, albeit recognising it will take time to see system level changes for that lower metric.

A Wood, Chair of the Clinical Governance Committee, confirmed there were no specific issues to escalate to the Board.

Finance, Performance & Resources

The Director of Acute Services provided an update on acute performance related to the 4-hour Emergency Access target, which fell below 70% in March, with high levels of attendance greater than the previous two months. The Patient Treatment Time Guarantee (TTG) fell in February 2023 and is almost 8% lower than a year ago with

NHS Fife continuing to be top quartile of mainland Health Boards. The ability to reduce the backlog and deliver the long waiting targets had been challenged given the reduced level of funding received. However, non-recurring funding made available from Scottish Government in Quarter 4 has enabled additional activity in some specialties and shows improvement in long waits but this is still challenged in some specialities. Efforts continue to maximise the use of capacity, particularly for day case activity at Queen Margaret Hospital. Performance related to New Outpatients showed slight improvement and NHS Fife is in the mid-range of mainland Health Boards. Activity was greater than projected and challenges remained, but it is anticipated that the target will be sustained by March for all specialties. Monthly performance improved in February in relation to the Diagnostic functions, but the waiting list overall continues to grow. Prostrate continued to be the most challenged pathway and a deep dive had been commissioned, with specific improvement actions now underway. The Cancer 62-day Referral to Treatment Target also remained challenging, mainly within the urology specialty, due to a high level of referrals and complexity in oncology care.

The Director of Health & Social Care updated members on performance in relation to Delayed Discharges, noting that the percentage of bed days lost to 'standard' delays in February 2023 had achieved target for the first time since January 2021. Good and sustained progress was being made, with daily pressures being actively managed by teams across Fife. The number of bed days lost to 'Code 9' delays was an area of focus and joint working continued in partnership with social work teams.

The Director of Finance & Strategy reported that it has been a challenging financial year for NHS Scotland and the wider public sector. The Board's reported financial position at the end of February 2023 was an overspend of £20m driven by recurring cost pressures as detailed in the report and in the Mid-Term Financial Plan. NHS Fife has achieved £8.3m in cash-releasing savings to February, with £3m on a recurring basis. The non-recurring element of the in-year target has been factored into our financial planning for the coming year and is an additional pressure. It was noted that the forecast outturn to the end of March 2023 is a deficit of circa £16m.

The Director of Finance & Strategy responded to questions in relation to the £4.2m overspend relating to acute set aside services, which is driven by demand and spend in relation to external commissioning (this was mainly costs associated with Service Level Agreements for patients treated by NHS Lothian or NHS Tayside). As noted in the paper, the overspend in this area is due to increased activity in patients requiring mental health and substance misuse support, coupled with the costs of two high-cost patients who in-year no longer meet the criteria for NSD funding, but onward pathways are not yet in place. The Medical Director provided a further explanation on the situation around the two high-cost patients.

The Chair of the Finance, Performance & Resources Committee confirmed there were no other issues to escalate to the Board.

Staff Governance

The Director of Workforce provided an update on sickness absence and Performance Development Plan & Review (PDPR) compliance, both of which showed an improved position. With regard to sickness absence, it was noted that the Attendance Management Group has been stepped down. Papers have been submitted to other

governance groups on how to address absence across our areas and how best to use resources going forward. The Board will be kept updated on plans to reduce the sickness absence figure and provide support to staff.

It was reported that the PDPR position was discussed at the Area Partnership Forum with a view to ensuring that capturing information on the system is made as simple and straight forward as possible to increase performance for this target through the new financial year.

The Chair of the Staff Governance Committee confirmed there were no other issues to escalate to the Board.

Public Health & Wellbeing

The Director of Health & Social Care confirmed that the Public Health & Wellbeing Committee held a development session where a deep dive on Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies was undertaken to explore reasons for the variance in performance, given the challenge of focusing on those waiting the longest and balancing individuals who require to access treatment. It was noted that there had been an improvement in the overall monthly performance. The waiting list showed a sustained picture of no children or adolescents waiting over 35 weeks for initial treatment and 89% having waited less than 18 weeks.

It was reported that Psychological Therapies continued to be an area of challenge, with performance against target below 70%. However, a higher than usual number of patients who had waited over 52 weeks had been taken on for treatment this month. An improvement trajectory remained in place to balance access to treatment and those waiting the longest.

The Director of Public Health provided an overview of performance related to childhood immunisation around the 6-in-1 and MMR2, advising that the latest published data (for quarter ending December) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 95.1%, above target. This target had not been continually achieved and ongoing quality improvement work was underway to improve and sustain achievement of that target for herd immunity. There had been a deterioration in performance related to MMR2 uptake at 5 years of age, the lowest of all mainland NHS Boards. A trajectory plan was in place to improve performance.

The Chair of the Public Health & Wellbeing Committee confirmed there were no specific issues to escalate to the Board.

The Board took **assurance** on reported performance and achieved remobilisation activity to date.

8.2. Integrated Unscheduled Care Programme Update

The Medical Director introduced the report and thanked the Director of Acute Services and Director of Health & Social Care and colleagues in the services who prepared the paper. The report was a variation of the paper considered by the Clinical Governance Committee and described the ongoing activities in relation to the Unscheduled Care Programme over the last year.

The Medical Director advised that performance around the 4-hour performance standard continues to be challenging and the paper attempted to articulate the reasons behind this and give assurance about the activities underway to try and mitigate those challenges. He explained that the mix of people coming into our system now is far more complex than pre-pandemic, with complex multiple co-morbidities making patients sicker and frailer, and this is impacting on our ability to turn people around in 4 hours.

The Director of Acute Services reported that a wide range of work is underway in the Acute Division with the Health & Social Care team, and this is key to improving the patient journey. She emphasised the key intention is to make the experience in the Emergency Department as pleasant as we can for patients in our care. The Director of Health & Social Care added that the commitment is there to improve the whole system response to unscheduled care and the position is scrutinised on a daily basis.

Members discussed the complex position in detail, noting in particular the point about patients arriving in the Emergency Department with more complex needs than pre-pandemic, leading to patients requiring more care, which is not taken into account in the performance statistics. Whilst it was noted that there are flow challenges across the system, Fife is well set up to address these via a whole system response, but the position is challenging. The Medical Director emphasised that it is critical for the population to understand what it means to be in hospital and what can be done to prevent someone coming into hospital, but this will require additional investment.

Questions were asked around the new trajectory target of 85% by April 2024, which has been set locally, the Rapid Triage Unit and how decisions are made about who is able to be cared for in that area and a recognition that perhaps more meaningful measures could be used to explain the care that is being undertaken within unscheduled care and the improvement work taking place.

It was noted that the Clinical Governance Committee had commended the paper to the Board, noting that it provided assurance around the whole system working and the local improvements underway.

The Board **discussed** the paper and took **assurance** from the update on the work underway as part of the Unscheduled Care Programme.

9. GOVERNANCE

9.1. Governance Committee Chairs' Reports

The Chair asked the Governance Committee Chairs to give a brief verbal summary of what was discussed at their last committee meetings for assurance.

The Chair, as Chair of the Finance, Performance & Resources Committee, advised that the Committee considered the following items of business:

- Annual Statement of Assurance;

- Corporate Risks aligned to Finance, Performance & Resources Committee, incorporating a deep dive on bank / agency work;
- Review of General Policies and Procedures;
- Review of Delivery of the Annual Workplan;
- Corporate Objectives 2023/24;
- IPQR

A Wood, Chair of the Clinical Governance Committee, advised that the Committee considered the following items of business:

- Delivery of the Annual Workplan;
- Medical Devices Update;
- Corporate Risks aligned to Clinical Governance Committee, incorporating a deep dive on Optimal Clinical Outcomes. A Clinical Governance Development Session on Optimal Clinical Outcomes will be arranged to discuss in more detail;
- IPQR indicators aligned to Clinical Governance;
- Integrated Unscheduled Care Report, which was discussed under item 8.2 above.

The Chair, as Chair of the Public Health & Wellbeing Committee, advised that the Committee considered the following items of business:

- Annual Statement of Assurance;
- Corporate Risks aligned to Public Health & Wellbeing Committee, including a deep dive into Primary Care Services and complex matters of recovery and sustainability
- Delivery of the Annual Workplan.

S Braiden, Chair of the Staff Governance Committee, confirmed that the Committee considered the following items of business:

- Corporate Risks aligned to Staff Governance Committee, incorporating deep dive on Bank and Agency work, which is a high priority for the Executive Directors' Group, noting that a new programme board has been formed;
- Annual Statement of Assurance;
- Whistleblowing Quarter 4 Report 2022/2023, noting ongoing improvement to the report with closer working to ensure improvements are fully implemented;
- Staff Governance Standard: Improved and Safe Working Environment, noting the Director of Property & Asset Management was commended for the work carried out in this area.

The Board took **assurance** from the information provided.

9.2. Annual Review of the Code of Corporate Governance

The Board Secretary advised that the Code of Corporate Governance is reviewed on an annual basis to ensure it remains current and up-to-date. The main changes were outlined in section 2.3 of the paper and included the replacement of the Strategic Framework document, to mirror the new iteration published in the Board's approved Population Health & Wellbeing Strategy; minor tracked changes to each Governance Committee's remit, as discussed and agreed by each Committee following their annual

Terms of Reference review at their March cycle of meetings; and the addition of the newly revised Standards of Business Conduct policy for staff as Appendix 6. The Code presented to the Board today is normally scrutinised by the Audit & Risk Committee but given the May meeting was cancelled, this had been circulated for comment. With no comments received from Audit & Risk Committee members, the Board is invited to approve the document.

The Board **formally approved** the updated Code of Corporate Governance as per its annual review cycle.

9.3. Corporate Objectives 2023/24

The Chief Executive was pleased to present the paper, which set out the proposed Corporate Objectives 2023/24, discussed at each of the Governance Committees in May 2023. The objectives essentially describe how to deliver year one of the ambitions in the NHS Fife Population Health & Wellbeing Strategy, as supported by the Strategic Planning and Resource Allocation (SPRA) process and Annual Delivery Plan (ADP). The corporate objectives proposed have been mapped to one of the four NHS Fife agreed strategic priorities or to the new “Cross Cutting Actions” category and are set out in Annex 1. The Annex also highlights the organisational strategies which will underpin delivery of these corporate level objectives.

A Wood, Non-Executive Director, recognised the corporate objectives were very reflective of the new Population Health & Wellbeing Strategy but suggested that explicit mention be made about reducing health inequalities. The Chief Executive confirmed that every objective within the Improving Health and Wellbeing column is working towards reducing health inequalities, rather than this being a stand-alone objective. Assurance was provided that the aim of reducing health inequalities would be more explicit in the ADP as this is mapped to the first and second strategic priority and includes a section on health inequality within the ADP.

The Board **approved** the Corporate Objectives 2023/24 and **agreed** to strengthen the reference to reducing health inequalities in column 1.

9.4. Corporate Risk Register Update

The Director of Finance & Strategy referred to the report, which provided an update on the Corporate Risk Register since the last report to the Board on 31 January 2023 and was intended to provide assurance that appropriate measures are in place to effectively manage and monitor the risks. It reflects the latest iteration of the Register following the third and fourth cycles of reporting to the Governance Committees during March and May 2023 and will be taken to the Audit & Risk Committee in June. Attention was drawn to the updates since the last report to the Board as set out in the paper under section 2.3, and the changes to target risk level and rating and risk description. Future reports will contain more detail around the four levels of assurance proposed, as the report continues to evolve.

The Board took **assurance** from the report.

10. STRATEGY

10.1. NHS FIFE GREENSPACE STRATEGY

The Director of Property & Asset Management introduced the draft NHS Fife Greenspace Strategy, which provides a framework to support partnership working on joint greenspace initiatives and he commended the progressive work undertaken by colleagues in Estates & Facilities, Public Health and other interested parties including Fife Council, Fife Coast and Countryside Trust and other voluntary and action groups. The paper set out the detailed work being undertaken on the strategic direction and utilisation of NHS Fife's green spaces, which has been shared with Fife Council. The key themes within the strategy were highlighted, and it was noted that the strategy aligns to the work in support of NHS Fife establishing itself as an Anchor Institution and takes inspiration from the Population Health & Wellbeing Strategy.

In response to questions, the Director of Property & Asset Management emphasised that consultation and engagement will need to be undertaken with community groups about various sites in person and links will be made with teams in the Health & Social Care Partnership who are active in localities and through contacts via Fife Council. It was noted that one of the corporate objectives is to develop a Corporate Communication and Engagement Plan, which will be the approach used across this specific programme and others to enable continual engagement with staff and the public.

D Graham, Non-Executive Director, welcomed the work being undertaken in partnership with Fife Council and the plan to engage with local community teams.

The Chair commended the well written strategy, which was full of potential, and he congratulated the team involved.

The Board **approved** the strategy and supported ongoing consultation with staff and community groups following publication.

11. UPDATE ON PALLIATIVE & END OF LIFE CARE

The Director of Health & Social Care confirmed that the decision to implement the permanent reprovision of care, to enable continuation of the Fife Specialist Palliative Care Services Enhanced 7 Day Model, was approved at the Integration Joint Board on 26 May 2023, after extensive discussion. The report is therefore brought to inform Fife NHS Board that the Direction at Appendix 1 of the paper has formally been issued. The Director of Health & Social Care has now written to the Chief Executive, NHS Fife, confirming that as lead Director she will ensure that the Directions are implemented and provide reports in line with the Direction.

The Board took **assurance** that this direction is being issued in line with the agreed Integration Scheme and that through the Director of Health and Social Care there is a permanent implementation of the reprovision of care to enable continuation of the Fife Specialist Palliative Care Services (FSPCS) – Enhanced 7 Day Model.

D Graham left the meeting.

12. WHISTLEBLOWING QUARTER 4 REPORT 2022/23

The Director of Workforce drew the Board's attention to the update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 January to 31 March 2023. He confirmed there had been no whistleblowing concerns in Quarter 4 within NHS Fife, primary care providers and contracted services. As verbally reported to the last Fife NHS Board, the Whistleblowing Concern lodged within Quarter 3 after the reporting cycle closed is detailed within Appendix 1.

It was reported that considerable discussion took place at the Staff Governance Committee around whistleblowing and the process around it and following meetings with the Chief Executive, Whistleblowing Champion and other stakeholders, focus work will be undertaken to bring improvement to the report and to the process.

K Macdonald, Whistleblowing Champion, was grateful to the Chief Executive and Director of Workforce for considering the implementation of the whistleblowing standards over the past two years and she welcomed the further work to be undertaken to improve reporting to include more analysis, evidence of staff experience / engagement, safety and clinical governance aspects, the impact of the whistleblowing arrangements, and action plans.

The Chair thanked the Whistleblowing Champion for her efforts in this matter.

The Board took **assurance** from the report, noting there were no whistleblowing concerns received Quarter 4, with a retrospective Quarter 3 case being reported; two anonymous concerns and one unnamed concern were received; one whistleblowing article was published in the local newspaper; and took assurance of awareness and the whistleblowing training undertaken during Quarter 4.

13. STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below minutes and any issues to be raised to the Board.

- 13.1. Clinical Governance Committee dated 5 May 2023 (unconfirmed)
- 13.2. Finance, Performance & Resources Committee dated 9 May 2023 (unconfirmed)
- 13.3. Public Health & Wellbeing Committee dated 15 May 2023 (unconfirmed)
- 13.4. Staff Governance Committee dated 11 May 2023 (unconfirmed)
- 13.5. Communities & Wellbeing Partnership dated 5 April 2023 (unconfirmed)
- 13.6. Fife Health & Social Care Integration Joint Board dated 27 January 2023
- 13.7. Fife Partnership Board dated 2 May 2023 (unconfirmed)

Approved Minutes

- 13.8. Clinical Governance Committee dated 3 March 2023
- 13.9. Finance, Performance & Resources Committee dated 14 March 2023
- 13.10. Public Health & Wellbeing Committee dated 1 March 2023
- 13.11. Staff Governance Committee dated 9 March 2023

14. FOR ASSURANCE

The Board **noted** the item below:

14.1. Integrated Performance & Quality Report – March 2023

15. ANY OTHER BUSINESS

None.

16. DATE OF NEXT MEETINGS

Tuesday 27 June 2023 at 9:30 am in the Boardroom, Staff Club, Victoria Hospital
(Annual Accounts)

Tuesday 25 July 2023 at 10:00 am in the Boardroom, Staff Club, Victoria Hospital

As per Section 5.22 of the Board's Standing Orders, the Board met in Private Session following the meeting to consider certain items of business.

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 27 JUNE 2023 AT 09:30 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

ALISTAIR MORRS

Acting Chair

Present:

A Morris (Chairperson)	J Kemp, Non-Executive Director
C Potter, Chief Executive	K MacDonald, Non-Executive Director Whistleblowing Champion
S Braiden, Non-Executive Director	M Mahmood, Non-Executive Director
W Brown, Employee Director	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	C McKenna, Medical Director
C Grieve, Non-Executive Director	J Tomlinson, Director of Public Health
A Haston, Non-Executive Director	A Wood, Non-Executive Director

In Attendance:

K Booth, Head of Financial Services & Procurement
C Brown, Head of Public Sector Audit – UK, Azets
N Connor, Director of Health & Social Care
B Hannan, Director of Pharmacy & Medicines
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
N McCormick, Director of Property & Asset Management
D Miller, Director of Workforce
P King, Corporate Governance Support Officer (Minute)

1. CHAIRPERSON'S WELCOME

The Chair welcomed everyone to the Board meeting, in particular K Booth, Head of Financial Services & Procurement, and C Brown, Head of Public Sector Audit – UK, from Azets, the Board's External Auditors. The Chair reminded everyone that the notes are being recorded with the Echo Pen to aid production of the minutes.

2. DECLARATION OF MEMBERS' INTEREST

There were no declarations of interest made by members.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from D Graham, Non-Executive Director, and J Keenan, Director of Nursing.

4. COMMITTEE ANNUAL ASSURANCE STATEMENTS

It was reported the Committee Annual Assurance Statements have been closely reviewed and approved by the individual Standing Committees of the Board, and thence by the Audit & Risk Committee as part of its consideration of the Annual Accounts governance statement and wider assurance processes. The Chairs of the Governance Committees each confirmed they had nothing to add to the statements as presented to the Board, which individually gave a detailed picture of each committee's work and delivery of their remit over 2022/23.

The Board confirmed they took comprehensive assurance from the detailed content of the Annual Statements of Assurance for each of the Board's standing committees for 2022/23.

5. ANNUAL ACCOUNTS PROCESS

The Annual Accounts for 2022/23 were presented to the Board, together with the final draft external audit report from Azets. As is usual, NHS Fife is not permitted by Scottish Government to put the accounts into the public domain until such time as they are laid before the Scottish Parliament. However, Members had received copies of the reports in their paper pack and the Chair did not want Members to feel constrained in their discussion of the Accounts, thus he encouraged questions from Board Members. The Chair reminded the Board that the Audit & Risk Committee had already scrutinised the report and accounts on behalf of the Board at its meeting on 23 June 2023.

As soon as the Board is permitted to do so, the final report from Azets will be placed in the public domain, along with the Accounts themselves.

5.1. External Annual Audit Report (including ISA 260) 2022/23

C Brown, Azets, confirmed that the External Annual Audit Report had been presented in detail to the Audit & Risk Committee on 23 June 2023. At that point, as noted in the report, several minor matters remained outstanding. However, C Brown confirmed that this work had since been completed and he was able to issue an unqualified opinion of the Board's Annual Accounts. C Brown provided a summary of the key themes from the report, which set out the work and key findings from the Annual Audit for 2022/23. It was noted that there had been no significant issues arising from the audit and the audit did not identify any major weaknesses in accounting systems or internal controls. It was further noted that all conclusions as part of the audit were consistent with the Internal Auditors annual report and previous External Auditors' opinion. C Brown stated that the accounts were of a high standard and the audit team had received excellent response and engagement from the finance team at NHS Fife. He offered thanks to the Director of Finance & Strategy, Deputy Director of Finance and Head of Financial Services & Procurement for their assistance in completing the audit.

In response to comments from A Wood, Non-Executive Member, the Director of Finance & Strategy agreed to discuss with the External Auditors about including further narrative around the Remuneration Report, specifically the 7.7% increase in total (WTE) staff numbers, to give context to this data. An explanation was given about the reference to the inherent fraud risk associated with the recording of income (and expenditure), noting this is standard wording used in every audit to emphasise the importance of a nationally recognised inherent risk, even though there is no specific concern to highlight in relation to the individual audit. It was noted that the report is still in draft form and will be updated to remove the list of outstanding matters and include the additional sentence as noted above. Thereafter, the report will be re-issued as a final report.

5.2. NHS Fife Independent Auditor's Report – Including Draft Letter of Representation

C Brown referred to the Letter of Representation, which is the standard letter issued as part of the audit standards, returned as part of the Annual Accounts pack. Once Azets has received this letter, together with the signed accounts, the final audit certificate will be issued to complete the process.

5.3. Annual Assurance Statement from the Audit & Risk Committee

A Grant, Chair of the Audit & Risk Committee, presented the Annual Assurance Statement to the Board and confirmed that the Committee had considered the NHS Fife Annual Accounts and the Patients' Private Funds, both for the period ended 31 March 2023, at the Audit & Risk Committee on 23 June 2023.

The Committee had received the Patients' Private Funds alongside the Audit Report, the Audit Completion Memorandum and Letter of Representation provided from the external auditor Thomson Cooper. The auditor was unable to join the meeting but had met with the Director of Finance & Strategy and the Head of Financial Service & Procurement outwith the meeting to answer queries raised by members. Responses were received back, and the Committee confirmed that they fully endorsed the financial statements, which, although in value are dramatically different to the Board's exchequer accounts, are equally important.

The Committee had also received a presentation on the key aspects of the Annual Accounts from the Director of Finance & Strategy and the Head of Financial Services & Procurement. The Committee also received the Internal and External Reports from the auditors and concluded it could fully endorse the financial statements, the performance report and specifically the governance statement.

The Committee recommended to the Board that they take assurance from the above and the scrutiny conducted and invited the Board to approve both the Patients' Private Funds and the NHS Fife Annual Accounts.

The Chair of the Audit & Risk Committee thanked the finance team, Azets colleagues and Internal Audit colleagues for the successful completion of the Accounts and audit process by the end of June 2023, which was a return to the pre-pandemic timeline.

The Board confirmed they took **assurance** and **noted** the Audit & Risk Committee's Annual Assurance Statement in reference to their recommendation to the Board to approve the Annual Accounts.

5.4. Fife NHS Board Annual Accounts for the Year Ended 31 March 2023

The Chief Executive was pleased to present the Fife NHS Board Annual Accounts for the Year Ended 31 March 2023, which was the culmination of work on behalf of the finance and audit teams, and she thanked everyone for their efforts and hard work. The Chief Executive referred to the Governance Statement, which was a key component of the Accounts, and described the accuracy and effectiveness of the system of internal control across the organisation, highlighting specifically how the organisation evidences controls over data quality, risk management, resource allocation and governance. Attention was drawn to specific areas that had been strengthened over the course of the year, notably work undertaken around active governance, the Integrated Performance & Quality Report (IPQR), risk management arrangements, full roll-out of the Operational Escalation Framework and development of the Population Health & Wellbeing Strategy.

The Director of Finance & Strategy gave an overview of the Annual Accounts, which described another challenging year both operationally and from a financial perspective. The Director of Finance & Strategy recorded thanks to the Deputy Director of Finance, Head of Financial Services & Procurement, the finance team and the new auditors for delivering the accounts process and bringing it back to the pre-Covid timeline. She referenced the Board to the Performance Report, which detailed several successful priority projects that had been progressed and new services that had been introduced throughout 2022/23, despite the challenges, and she paid tribute to all staff involved in these significant projects. These will make a difference to people accessing our services, staff health and wellbeing, and were good examples of how effectively resources had been spent.

The Head of Financial Services & Procurement highlighted some of the key financial figures from the Financial Statements and confirmed that NHS Fife successfully delivered against its key statutory financial targets. The financial position had been achieved through the support of Scottish Government financial brokerage for 2022/23 of £9.728m, which was provided to the Board on a repayable basis. A small typo in the figures would be corrected before the accounts would be signed.

Questions were asked about the Clinical Negligence and Other Risks Scheme (CNORIS) provision and how brokerage received from Scottish Governance is reflected in the Accounts and these were responded to.

The Board:

- **noted** the Annual Report from Azets;
- **considered, approved and adopted** the draft Annual Accounts for the year ended 31 March 2023;
- **approved** the draft Letter of Representation and authorised the Chief Executive to sign on behalf of the Board;
- **authorised** the Chief Executive and Director of Finance & Strategy to sign the Accounts on behalf of the Board;

- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health & Social Care Directorate; and
- **noted** that the accounts are not in the public domain until they are laid in Parliament.

The Chair, on behalf of the Board, thanked Azets and colleagues in the finance team for their efforts in finalising this year's accounts against what has been a challenging timeframe.

5.5. Patients' Private Funds Accounts 2022/23 & Audit Report

The importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds held on behalf of patients was highlighted. Statutory regulations require the Board to produce a Receipts and Payments Account for Patients' Private Funds relating to patients that are in our care for long stay periods of time. Financial statements were audited by Thomson Cooper Accountants and an unqualified audit opinion was issued, with no significant findings to report.

The Head of Financial Services & Procurement highlighted that the funds have decreased year on year but there is an uptake in the number of funds being managed and he explained the reason behind this.

As noted above under item 5.3, the Audit & Risk Committee considered the Patients' Private Funds alongside the report and commentary from Thomson Cooper at its meeting on 23 June 2023 and recommended approval to the Board.

The Board:

- **reviewed** the Patients' Private Funds Accounts and Audit Completion Memorandum from Thomson Cooper;
- **approved** the draft Letter of Representation and **authorised** the Chief Executive and Director of Finance & Strategy to sign on behalf of the Board; and
- **approved** the Accounts and **authorised** the Chief Executive and Director of Finance & Strategy to sign the Patients' Private Funds Accounts on behalf of the Board.

6. ANY OTHER BUSINESS

None.

7. DATE OF NEXT MEETING: Tuesday 25 July 2023 at 10:00 am.

As per Section 5.22 of the Board's Standing Orders, the Board met in Private Session following the meeting to consider certain items of business.

KEY:	Deadline passed / urgent
	In progress / on hold / ongoing
	Closed

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 25 July 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	28/03/23	Whistleblowing Quarter 3 Report 2022/23	Consider including information about how staff feel raising concerns in future reporting (staff voice to be captured through iMatter). Also, useful to report on concerns received to date, to share any learning and reflect any changes to processes.	DM	September 2023	An action plan has been created showing specific areas where improvement can be achieved and this plan will be presented to the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and the NHS Fife Board from the next reporting cycle. Enhancements will be made to both quarterly reporting and in the Annual Report for 2022/23 and these will include action plan monitoring.	Closed
2.	30/05/23	Corporate Objectives 2023/24	Strengthen the reference to reducing health inequalities in column 1.	CP	July 2023		Closed
3.	27/06/23	Fife NHS Board Annual Accounts for the Year Ended 31 March 2023	Discuss with External Auditors about including further narrative re Remuneration Report	MM	June 2023	NHS Board Annual Accounts signed off on 29.06.23	Closed
4.	27/06/23	Fife NHS Board Annual Accounts for the Year Ended 31 March 2023	Correct typo in brokerage figure to £9.728m before the accounts are signed.	MM	June 2023	Amendment made. NHS Board Annual Accounts signed off on 29.06.23	Closed

Meeting:	Fife NHS Board
Meeting date:	25 July 2023
Title:	Chief Internal Auditor Appointment Process
Responsible Executive:	Margo McGurk, Director of Finance & Strategy / Deputy Chief Executive
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Decision

This report relates to a:

- Legal requirement
- Local policy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A recruitment process has recently been completed to appoint a new Chief Internal Auditor to lead the FTF (Fife, Tayside & Forth Valley) Internal Audit Service. NHS Fife's Standing Orders require the appointment of the Board's Chief Internal Auditor to be formally approved by the Board.

2.2 Background

The current Chief Internal Auditor advised in February 2023 that he would retire on 31 August 2023.

2.3 Assessment

A formal recruitment process commenced 23 May 2023, with a closing date for applications of 6 June 2023. A stakeholder event took place on 16 June 2023, with interviews on Wednesday 21 June 2023. Papers were submitted to EDG on 22 June and the Audit & Risk

Committee on 23 June to provide assurance that the recruitment process was underway and was in line with the requirements of the Board's Standing Orders and the second edition of the Blueprint for Good Governance in NHS Scotland. The stakeholder event included stakeholders from NHS Fife, including the Chair of the Audit & Risk Committee, NHS Forth Valley, NHS Tayside, NHS Lanarkshire, and Angus IJB. The interview panel, which conducted the formal interview on 21 June, included Mrs Margo McGurk, Director of Finance & Strategy and Deputy Chief Executive, NHS Fife, Mr Scott Urquhart, Director of Finance, NHS Forth Valley, and Mr Stuart Lyall, Director of Finance, NHS Tayside. The successful candidate following completion of the recruitment process is Ms Jocelyn Lyall.

Jocelyn is a Chartered Public Finance Accountant who has over 23 years of internal audit experience, complemented by her extensive knowledge of risk management, governance and assurance. She is passionate about promoting active and effective governance to help organisations implement achievable solutions and achieve their goals. As Regional Audit Manager with the FTF Internal Audit Service, Jocelyn has led the Forth Valley and Tayside internal audit teams since 2015 and has worked across a range of Health Boards and Integrated Joint Boards. The depth and breadth of this experience allows her to ensure that internal audit provides a service tailored to the challenges and risks of each organisation. Jocelyn's range of experience encompasses strategy, delivery of savings, clinical and care and staff governance. Her approach is collaborative and outcomes focussed, and as CIA she is committed to leading a professional, best practice, agile internal audit service in line with UK Public Sector Internal Audit Standards. Jocelyn is expected to take up the post of Chief Internal Auditor on 1 August 2023, allowing for a period of handover with her predecessor.

2.3.1 Quality/ Patient Care

The Internal Audit function supports the quality of patient care through regular review of the effectiveness of service planning and delivery.

2.3.2 Workforce

The Internal Audit function supports the effectiveness of workforce planning through relevant audit reviews.

2.3.3 Financial

The Internal Audit function supports delivery of good financial governance through relevant audit reviews.

2.3.4 Risk Assessment/Management

The Internal Audit function supports the effectiveness and impact of risk management arrangements.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

There are no equality or diversity implications associated with the report.

2.3.6 Climate Emergency & Sustainability Impact

This paper has no implications for climate emergency and sustainability.

2.3.7 Communication, involvement, engagement and consultation

The Internal Audit Function is a shared resource across NHS Fife, NHS Forth Valley, NHS Tayside and NHS Lanarkshire. The Directors of Finance from all four Boards have been consulted on the recruitment process.

2.3.8 Route to the Meeting

Updates on the recruitment process have been given to the Executive Directors' Group and the Audit & Risk Committee at their recent meetings.

2.4 Recommendation

- This paper is presented to the Board for formal **homologation** of the appointment of the new Chief Internal Auditor, following the successful conclusion of the recruitment process involving all Boards within the FTF Partnership.

Report Contact

Maxine Michie

Deputy Director of Finance

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Report to the Board on 25 July 2023

BOARD DEVELOPMENT SESSION – 27 June 2023

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.
2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.
3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

June Development Session

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Tuesday 27 June 2023. The main topic for discussion was Primary Care, covering an Overview of the Primary Care Strategy 2023-26, Primary Care Contractors and Primary Care Premises.

Recommendation

5. The Board is asked to **note** the report on the Development Session.

ALISTAIR MORRIS

Acting Board Chairperson

03 July 2023

Meeting:	Fife NHS Board
Meeting date:	25 July 2023
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the EDG of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of April 2023. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland. These are:

- | | |
|--------------------------------|-----------------|
| • HSMR | Lag of 3 months |
| • Detect Cancer Early | Lag of 9 months |
| • Antenatal Access | Lag of 3 months |
| • Drug & Alcohol Waiting Times | Lag of 2 months |
| • Child Immunisation | Lag of 3 months |

In the spirit of providing local data as soon as possible, the following measures have data up to the end of May 2023:

- 4-Hour Emergency Access
- Delayed Discharges (Bed Days Lost)
- FoI
- PDPR

The RAG status of the 'deliverables' in the drill-downs is as at the end of May 2023 and are sourced from Annual Delivery Plan.

We continue to report on the suite of National Standards and Local Targets.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23 (currently transitioning to 2023/24), and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities. Risk level has been incorporated into the Assessment section.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Section d (Assessment) of the IPQR provides a full description of the performance, achievements and challenges relating to the key measures in the report.

The following improvements are of particular note this month:

- Cancer performance (both 31-Day and 62-Day) continues to show upward trends
- Delayed Discharges achieved target for 3rd month in a row
- Sickness absence saw 4th successive monthly decrease (lowest since July 22)

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR as well as a separate Finance SBAR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Standing Committees next meet in May and different extracts of the overall IPQR will be formally presented and discussed.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- **Executive Directors Group** 20 June 2023
- **Public Health and Wellbeing Committee** 03 July 2023
- **Clinical Governance Committee** 07 July 2023
- **Finance, Performance and Resource Committee** 11 July 2023
- **Staff Governance Committee** 20 July 2023

2.3.9 Issues for Escalation to the NHS Fife Board

There were no issues for escalation from the Clinical Governance; Finance, Performance & Resources; or Public Health & Wellbeing Committees. At the time of issue, the Staff Governance Committee has yet to meet. Any points of escalation will be covered verbally at the Board meeting.

2.4 Recommendation

The Fife NHS Board is requested to:

- **Take Assurance** on reported performance and achieved remobilisation activity to date

3 List of appendices

None

Report Contact

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Planning and Performance Manager

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Fife Integrated Performance & Quality Report

Produced in June 2023

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Assessment**
Summary assessment for indicators of continual focus.
- d. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP), relevant to indicators are incorporated accordingly. Currently based on those within ADP2022/23 with transition to ADP2023/24 in due course.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
20 June 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with some risks requiring daily assessment.

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Bench marking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Mar-23	43	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Mar-23	27.6%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	Apr-23	7.58	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Apr-23	1.42	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Apr-23	0.96	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Apr-23	13.5	○	▲	▲	● QE Dec-22
	C Diff - HAI/HCAI	6.5	Month	Apr-23	20.2	○	▼	▼	● QE Dec-22
	ECB - HAI/HCAI	33.0	Month	Apr-23	30.4	○	▼	▼	● QE Dec-22
	S1 Complaints Closed in Month on Time	80%	Month	Apr-23	55.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Apr-23	21.7%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Apr-23	13.2%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	▶	▶	●
	4-Hour Emergency Access (A&E)	95%	Month	May-23	74.4%	○	▲	▼	● Apr-23
	4-Hour Emergency Access (ED)	82.5%	Month	May-23	66.1%	○	▲	▼	● Apr-23
	Patient TTG % <= 12 Weeks	100%	Month	Apr-23	44.6%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-23	50.0%	●	▼	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-23	50.1%	●	▼	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Apr-23	97.9%	○	▲	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Apr-23	84.4%	○	▲	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	May-23	84.8%	●	▶	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	May-23	8.0%	●	▲	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-23	4.4%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022
	Finance	Revenue Resource Limit Performance	(£10.8m)	Month	May-23	(£7.9m)	●	—	—
Capital Resource Limit Performance		£9.1m	Month	May-23	£0.298m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Apr-23	6.18%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	May-23	39.8%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jan-23	246	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Apr-23	67.7%	○	▼	▼	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Apr-23	70.5%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.5%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-22	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
●	Special cause variation, out with control limits
○	No SPC applied

Change Key

▲	"Better" than comparator period
▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

Target Current

Major & Extreme Adverse Events

70% of Action from Major and Extreme Adverse Events to be closed within time

70%

26.5%

There were 52 major/extreme adverse events reported in April out of a total of 1,359 incidents, 68.7% of all incidents were reported as 'no harm'. Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme incident reported followed by Cardiac Arrest.

There were 9 actions relating to LAER/SAER closed in April, from total of 29. On average 31.5 actions have been closed per month in 2023 compared to 49.5 over the same period year prior. There was a total of 363 actions open at the end of April, with 46 (12.7%) being within time.

The new SAER sign off process has now been in place for 4 months. Number of SAER's signed off within this time has been 15. This is only a slight increase in the number signed off from the preceding 3 months, however there have been key benefits of the process identified, mainly, quicker turnaround time from panel review and comments to final report being received back and signed off.

Compliance with closure of actions on time continues to be poor. To address this, in the short term, there will be communications on BLINK and Datix newsletters to raise awareness of the importance of action closure and provide links to support by the Datix team. Throughout June the Datix admin team will send out reports to the Senior Leadership Teams in all directorates detailing the actions that are open over timeframe.

Long-term, there requires to be a focused piece of work on the recording, monitoring and closure of actions within Datix that will include a review and refresh of the actions module along with education and training to staff. A proposal will be taken to Clinical Governance Oversight Group in June with a view to the work being support by the Organisational Learning Group.

HSMR

1.00

0.97

Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.

Inpatient Falls

Reduce all patient falls rate by 10% in FY 2023/24 compared to the target for FY 2021/22

6.91

7.54

The number of inpatient falls in total was to 212 in April from 213 month prior. The number of falls within Acute Services increased to 116 from 88 month prior, March was the first time below 100 since August last year. The number in HSCP number decreased to 96, first time since August 2022 below 100. The rate per 1,000 occupied bed days (OBD) increased from month previous but still below 24-month average.

The majority of falls in the last 3 months (78%) were classified as 'No Harm' with further 17% 'Minor Harm', Major/Extreme Harm accounted for <3% of the total falls.

The updated Falls Toolkit was due for launch in March, however this has been delayed due to the need to establish the availability of the correct manual handling equipment across the organisation.

Pressure Ulcers

Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22

0.89

0.96

The rate of pressure ulcers reduced in April for third successive month to rate of 0.96, lowest since November 2022. The number of pressure ulcers decrease in Acute Services to lowest since November 2022, however there was a corresponding increase in HSCP, reporting double figures for first time since June 2022.

Across NHS Fife, there was more pressure ulcers reported in 2022/23 compared with 2021/22 but due to higher occupancy last year, rate decreased 0.05 from previous year. Comparing the same time periods, Acute Services rate decreased 0.12 (3 more reported) with HSCP increasing by 0.01 (7 more reported).

The Acute Services Division the Tissue Viability team continue to respond in-person response to all grade 2 damage and above. The acute team have also established a 'Ward of the Week' initiative, which sees them visit a ward for a full week based on clinical area with the highest HAPU in the previous month. The team deliver daily training sessions, audits, patient visits, and update resources. In the last 6 weeks, this has resulted in over 100

members of staff undertaking training. The team are planning towards a re-launch of service on July the 5th and will hold multiple training events over the course of the week. The team have also reinstated student placements, with the first student due to start this month. An initial improvement has been noted in PU development in the HSCP in an area conducting QI interventions – this will be reviewed, and sustainability and transferability of new interventions will be considered. Also noted an increase in PU incidents in the HSCP, targeted work has been requested from the tissue viability team to support teams that have experienced an increase in incidents.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	18.8	13.5
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The SAB infection rate for April 23 achieved target and thus continued the pattern seen since October 22 of being above target one month and below target the next.

Of the 52 HAI/HCAI reported in the last 12 months, 13 have been categorised as ‘VAD’; 11 have been categorised as ‘Other’ or ‘Not Known’; and 12 have been categorised as ‘Other Sources’.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending December 2022, showed that NHS Fife was in the upper range of all Mainland Health Boards, with a rate of 10.9 against a Scottish average of 19.2. This too continues a pattern of being in the upper-range one quarter and in the mid-range the next.

Local and national intelligence highlights the following areas for focus; medical devices (including VADs) and non-vascular access medical devices, skin & soft tissue infections (including people who inject drugs (PWIDs)).

NHS Fife continue to achieve rates for HAI/HCAI SABs below the National Scottish comparator. However, considering the time period Jan-Apr 2023, there was a slightly higher number of HAI/HCAI SABs (n=20) than during the same time period the previous year (n=18).

Another success is at the end of April 2023 NHS Fife attained 195 days since the last PVC related SAB. Despite this achievement with PVCs so far in 2023, there has been an increase in dialysis line related SABs identified (n=7), each case has undergone a Complex Care Review (CCR) with a SAER due to take place on 26/6/23.

The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC compliance report to inform clinical practice improvements
- Continue to liaise and support Drug Addiction Services with PWID.

C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	6.5	20.2
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The C Diff infection rate saw a big increase from the 6.6 seen in March 23 to 20.2 in April 23 and this lies outwith the statistical control limits. This is the highest rate since October 2019. However, there have been 12 infections reported over the last 3 months and this mirrors the 3 previous quarter rates (which were between 11-13).

A key improvement aim is the reduction of ‘recurrent’ infections, and this continues to be a challenge, with 8 of the 43 HAI/HCAI and Community infections in the past year being identified under this category.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending December 2022, showed that NHS Fife was in the mid-range of all Mainland Health Boards (against a Scottish average of 13.5) having been in the upper-range for the previous 5 quarters.

NHS Fife is awaiting publication of Quarter 1 2023: however, local surveillance has seen a marked increase in the number HCAI CDI cases in 2023 compared to the same time period the previous year. Despite a key improvement aim to reduce the number of recurrent CDIs, this too has proven challenging in 2023.

A trigger of 2 or more linked cases within a 30-day period associated with the same healthcare setting was identified in April 2023, following an investigation a cross-transmission event could not be excluded. Additional IPC support has been provided to the affected area and the incident reported to ARHAI Scotland.

NHS Fife continues to promote antimicrobial stewardship, with a Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors for each CDI case.

ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024</i>	33.0	30.4
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The number of infections increased to 33.6 in April 23 from 26.2 in March 23, but this still remains below the target of 33. Quarterly rate also remains below target. Urinary Catheter-related infections have been responsible for 31 of the 122 infections in the last year (25.4%) and remains a key focus for improvement work.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending December 2023, showed the NHS Fife (30.4) lay in the mid-range of Mainland Health Boards (as has been the case for the last 5 quarters) and was below the Scottish average (34.5).

During Jan-Apr 2023 there was a slight reduction in the number of HCAI ECBs (n= 34) when compared to the same time period in 2022 (n=35). Further to this there were only 6 CAUTI related ECBs identified during Jan-Apr 2023, which is an improvement from Jan-Apr 2022, when there were 8 cases.

NHS Fife continues to focus on enhanced surveillance, to gain learning, evaluate preventative measures and improve practices.

Ongoing work to support best practice in urinary catheter care continues with NHS Fife's Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this has been piloted, currently the tool is being reviewed prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife aiming to promote best practice with urinary catheter maintenance and reducing the risk of CAUTIS and ECBs

Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	21.7%
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There was 24 stage 2 complaints received in April, all acknowledged within timescales, with 23 closed. Of those closed, 5 (21.7%) were within timescales with 13 greater than 40 days after deadline. 38 complaints were due in the month with 5 (13.2%) closed on time.

62% of open complaints have been open for more than 40 days with a third open for more than 80 days.

The Patient Experience Team (PET) officers ensure the Head of Complaints and outcomes are clearly defined at the initial stage of the complaint to help improve the quality of complaint responses.

Quality checks are being performed by the PET Lead and Head of Patient Experience (HoPE) before final response letters being sent to the Chief Executive for sign-off and now including all final responses being sent to the Services for final approval.

A new complaint "complexity scoring" tool to triage complaints and categorise them as low, moderate, or high complexity is being tested. The complexity categorisation score will provide insight into the volume of complex complaints that NHS Fife receives and handles.

The complaint handling feedback questionnaire is being sent out 2 to 4 weeks following final response letters and compliance is averaging 22.5%.

A "complaints escalation" standard operating procedure (SOP) is being drafted. This will highlight and support processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

Digital information has created a preliminary summary page for the PET Dashboard. This is being reviewed to agree on data metrics and reporting priorities.

Two new band 6 PET Officers, band 4 PET Support Officer and band 4 PET Support Administrator (Navigator) has been appointed to.

We continue to work with service, review new ways of working and understand challenges. One full-time band 6 Patient Experience Officer will be working with Emergency Care Directorate on a 3-month trial to support the complaint handling process.

Regular meetings are being held with Acute and HSCP to review complaints and delays. Setting up Generic email addresses with Services to streamline the complaint process.

Clinical pressures continue to impact performance with obtaining statements and approval of final responses. At the end of May 2023, 77% of all live complaints were awaiting statements or final approval by the divisions (previously 84% in February 2023). The number of live complaints has increased from 149 at the end of March 2023 to 153 at the end of May 2023 with 55 new complaints and 59 complaints being closed during that period.

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

Target Current

4-Hour Emergency Access

95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer

95%

74.4%

May performance increased to 74.4% and continues the upward trend from March 23. Performance is now just below the average for the past 24 months. Performance in VHK also continues to trend upwards, increasing from 64.7% in April to 66.1% in May.

Unplanned attendances per day saw a notable increase from 231 in April to 253 in May and this is highest number since June 2022 (which saw 260 per day).

Planned attendances saw a notable increase at VHK from 176 in April to 262 in May.

The number of 8-hour breaches has dropped to 458 in May from 536 in April; and 12-hour breaches dropped by over a quarter from 147 to 104: but both remain higher than numbers reported at the same time last year.

Performance has been trending upwards despite the higher presentation numbers which has also shown an upwards trend since February. Several focussed areas of work, led by the ED improvement group, have targeted areas where small gains could be achieved, and improvements have been seen in: minors triage and performance; number of 8 & 12 hour breaches reducing; reduced overcrowding; and when running increased redirections via CBC. A robust action plan has been developed and the group meets fortnightly to analyse and review data. Further work to review the triage/minors nurse skill mix is underway with a successful TOC being extended. An extensive review and work programme is near completion to develop a new public facing social media and comms presence with posters, signage and social media updates scheduled for July. The theme will focus on right place right care, suggesting alternatives for ED. In parallel, we are running a survey for all self-presenters in collaboration with Patient Relations regards the motivations for coming to ED and asking people where they would have liked to have gone and if they have tried to access care prior to attendance. This will support the corporate aim of increasing access to care by giving us an understanding of where we should be targeting resources. A refurbishment of the waiting room is also planned for July and this will coincide with the main ED doors re-opening to the public.

Patient TTG (Waiting)

All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat

100%

44.6%

Monthly performance fell from the 47.5% seen in March 2023 to 44.6% in April and takes it back to the same level seen in February. The waiting list continues the same steady upward trend. The number of patients waiting over 12 weeks has risen again following the slight reduction in March and is now at the highest level on record (3789) as is those waiting over 26 weeks (1581). The number of patients waiting over 52 weeks has risen to 417 though this is not as high as was seen in Mar 2021 (448).

Quarterly publication of health board comparison figures is due within the week.

Following a slight improvement in March 2023 performance continued to deteriorate in April as available core capacity is unable to meet current demand and the additional activity funded through extra waiting times money in Q4 2022/23 stopped. Following confirmation of the funding available for waiting times in 2023/24 trajectories for activity and waiting times were submitted to the Scottish Government in April 2023. It is projected that activity will be 99% of that delivered in 2019/20 due in the main to Clinical Staff vacancies and consequently due to the continuing gap in capacity that there will be a deterioration in the waiting times over the year.

There were 14 patients waiting over 2 years in April. The number waiting over 18 months (78 weeks) and one year (52 weeks) were 79 and 417 respectively all of which were slightly better than projected but worse than in March 2023. The main specialities of concern for long waits are Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. As waiting times increase there are proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 78 weeks.

It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding available and continued pressures in unscheduled care, staff absence and vacancies.

Efforts continue to look for productive opportunities to maximise use of capacity and to validate the waiting lists.

		Target	Current
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	50.0%
<p>Monthly performance has dipped from 52% in March 2023 to 50% in April. The number of patients waiting less than 12 weeks has decreased from 13,811 in Mar 23 to 13,696 in Apr 23; but all other waits have seen an increase. The overall waiting list has increased to 27,408 and is now at the highest level on record.</p> <p>Quarterly publication of health board comparison figures is due within the week.</p> <p>After a period of stability performance has deteriorated in April as available core capacity is unable to meet current demand and the additional activity funded through extra waiting times money in Q4 2022/23 stopped. Following confirmation of the funding available for waiting times in 2023/24 trajectories for activity and waiting times were submitted to the Scottish Government in April 2023. It is projected that activity will be 96% of that delivered in 2019/20 due in the main to Clinical Staff vacancies and consequently that there will be a deterioration in the waiting times over the year.</p> <p>There were no patients waiting over 2 years in April. The number waiting over 18 months (78 weeks) and one year (52 weeks) were 73 and 1147 respectively both of which were slightly better than projected but worse than in March 2023. The main specialities of concern for long waits are Gastroenterology, General Surgery, Neurology, Gynaecology and Vascular Surgery. As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks.</p> <p>It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding available and continued pressures in unscheduled care, staff absence and vacancies.</p> <p>Efforts continue to look for productive opportunities to maximise use of capacity and to validate the waiting lists.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	50.1%
<p>Monthly performance continues on a downward trend and for April 2023 it is at the lowest point (50%) since June 2020. Both Endoscopy and Radiology are reporting 50% (patients waiting less than 6 weeks): for Endoscopy, this is only slightly lower than recent highs seen in Nov22 & Mar23; for Radiology, this represents the lowest monthly performance since June 2020.</p> <p>Overall, the number of those waiting over 6 weeks (4432) is more than double that of April 22 (2110); and those waiting over 13 weeks has more than trebled (1904 compared to 596).</p> <p>Quarterly publication of health board comparison figures is due within the week.</p> <p>Following confirmation of the funding available for waiting times in 2023/24 trajectories for activity and waiting times were submitted to the Scottish Government in April 2023. In endoscopy performance for patients waiting over 6 weeks stabilised at around 50% for the last 2 Quarters of 2022/23 as capacity has been able to meet the demand for new patients. It is projected that activity will meet demand and enable a gradual reduction in long waiting patients over the year if there are no unexpected increases in demand, vacancies or unscheduled care pressures. There were 13 endoscopy patients waiting over 1 year (52 weeks) in April and the number waiting over 26 weeks was 164 both of which were slightly worse than projected and in March 2023. There has been an increased demand for urgent surveillance patients which reduced the capacity for long waiting new patients. As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients.</p> <p>In Radiology performance has been on a downward trend since Q3 of 2022/23 due to a reduced level of funding, increased demand in all modalities and challenges with vacancies in Ultrasound. It is projected that capacity in radiology will not meet the increasing demand. Moreover, as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues, it is projected that waiting times will deteriorate over the year for all modalities. There were no radiology patients waiting over 1 year or 26 weeks in April 2023 which is in line with projections and the same as in March 2023. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. It is not possible to undertake any additional activity to meet the increased demand in radiology or for surveillance patients in endoscopy given the level of funding available. Efforts continue to look for productive opportunities to maximise use of capacity and to validate the waiting lists.</p>			
Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	97.9%
<p>Monthly performance in April continued on the same upward trajectory as was seen in March and at 97.9% is now above target; above average for the past 24 months; and on par with April 2022. The number of eligible referrals dropped to 94 in April and this is the lowest number since October 2022 which saw 92 (previous months were: Jan 121; Feb 121; Mar 119).</p> <p>There were 23 breaches in QE April 2023 with 91% attributable to Urology (14 breaches were for Prostate).</p> <p>Quarterly publication of health board comparison figures will not be available until the next reporting period.</p>			

		Target	Current
<p>Urology remains our most challenged specialty with delays to surgery. Both breaches related to capacity issues within theatres. The range of breaches were 2 to 18 days (average 10 days, previous month average 46 days). Focused efforts on reducing the urology surgical backlog have impacted on the standard for this month.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	84.4%
<p>Monthly performance increased further from 72.2% in March 2023 to 84.4% in April which is on par with April of 2022. Similar to the 32-Day DTT, the number of eligible referrals dropped in April to 64 which is the lowest number since October 2022 at 60 (three most recent months were: Jan 80; Feb 83; Mar 72). There were 57 breaches in QE April 2023 with 38 of these (67%) attributable to Prostate. Quarterly publication of health board comparison figures will not be available until the next reporting period. Referrals continue to exceed pre-pandemic numbers; however, we aim to appoint within 14 days of referral. Prostate remains our most challenged pathway with delays across all steps except for MRI and Bone Scans. All breaches were due to lack of resources at stages within the pathway. The range of breaches were 10 to 65 days (average 23 days, previous month average 47 days). Increasing complexity of pathways to ensure optimum targeted treatments is resulting in breaches and this is expected to be seen across most tumour groups. Performance is expected to decrease again in May.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	4.4%
<p>The % of bed days lost to 'standard' delays achieved target for the third month in a row. May 2022 saw a significant drop in performance but this did not repeat in May 2023. The number of bed days lost to 'Code 9' delays in May was 118 less than the month prior and the daily average for the month of May 2023 decreased again to 35.6 from 40.7 in April. The weekly discharge profile from Acute hospital remains significantly higher than the previous year. Standard delays remain low with sustained improvement. Targeted work at verification meetings to reduce 51X codes continues. A solicitor to work in the HSCP to support this work has been recruited for 12 months. For community PDDs, targeted work is required to ensure more timely pathways to care homes. A new initiative linked to Care Home waits is the introduction of Community Care Home Coordinators in five external group care homes and one for internal homes. The time to assess will reduce by having this dedicated resource. Assistant review practitioners are now based in community hospitals and will be placed in the VHK week beginning 18th June. Designated Social workers are now linked to community sites and the VHK to carry out timely onsite holistic assessment. Test of Change for weekend discharge supporting Acute MDT continues. The outcome measures will include increased discharge numbers at weekends and improved flow at start of normal working week.</p>			

FINANCE



To deliver value and sustainability

6



Moderate

Forecast Current

Revenue Expenditure

Work within the revenue resource limits set by the SG Health & Social Care Directorates

(£10.8m)

(£7.9m)

The current financial position and forecast at May 2023, indicates the Board position continues to be beyond the agreed Board risk appetite in relation to delivering value and sustainability. The financial position at 31 May shows an overspend of £7.985m which is significantly in excess of the anticipated £1.811m overspend for May (2/12ths of £10.865m projected deficit reported to the NHS Board in March and submitted to Scottish Government).

This position reflects the continuing impact of the historic and emerging cost pressures set out in the medium-term financial plan. Key cost drivers continue to be, additional supplementary staffing costs to cover sickness absence, vacancies, and surge capacity combined with increases in medicines costs and continuing covid legacy costs. Service Level Agreements and contracts with external healthcare providers are also significantly overspent. In the main the SLA overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services.

Work is underway to deliver the £15m cost improvements required in 2023/2024 with significant activity in April and May responding to Scottish Government's directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Control.

At the beginning of June Scottish Government confirmed additional recurring funding to be allocated on an NRAC basis to all territorial boards, with weighting to Boards behind NRAC parity, bringing those boards to 0.6% from parity. This results in additional NRAC funding for NHS Fife for 2023/24 of £8.3m, representing total NRAC funding of £9.3m for the financial year. Whilst this additional funding will improve the board financial position it still remains the case that the £15m cost improvements must be delivered to secure a balanced position at the financial year end and meet the government's requirement of 3% recurring savings in 2023/24.

Capital Expenditure

Work within the capital resource limits set by the SG Health & Social Care Directorate

£9.1m

£0.298m

The total anticipated capital budget for 2023/24 is £9.096m. A relatively low level of capital expenditure has been incurred during the month of May which is not unusual at this very early stage in the financial year with the majority of capital expenditure occurring in the latter half of the financial year.

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.18%

The sickness absence rate fell in April 2023 to 6.18%, a fourth successive monthly decrease and lowest percentage since July 2022, when the sickness absence rate was below 6%. Despite recent decreases, the percentage in April 2023 was still over 1% higher than April 2022.

Sickness absence ranged from over 7% in Acute Services Emergency Care and HSCP Community Care to below 5% in HSCP Primary & Preventative Care. The largest reduction was in Corporate Services, where the rate has dropped 1.34% from 6.78% in March to 5.44% April 2023.

The national picture (from monthly management information) shows that NHS Fife (6.11%) had the 4th highest absence rate of all Mainland Health Boards for the 12 months ending February 2023. The Scottish average was 6.14%.

The refreshed Attendance Management training programme is now being delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. Further training initiatives are being considered, including implementing 'triggers and targets' short learning bites. Attendance Review Panels are scheduled across NHS Fife with discussion on attendance cases, providing opportunities for shared learning and assurance on consistency of approach and best practice. The Live Positive - Stress Management Toolkit has been re-launched, providing a wide range of information and advice on how to deal with stress, this is alongside the Stress Management Talking Toolkit pilot within the Mental Health and Learning Disability Service. The NHS Scotland Attendance Policy and supporting documents are in use and well established within the organisation, providing a range of template letters and guidance documents that managers and staff can access when utilising the policy.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

39.8%

There has been an increase of 1.5% during May meaning that compliance has increased to 39.8%. This is the highest engagement figure reported in over 13 months. Although this increase is still supporting an upward trajectory, the rate of increase will need to increase to the target compliance percentage of 80% remains achievable. Directorate / Divisional level changes ranged from a decrease of 0.1% in Emergency Care to a 5.4% increase in Complex and Critical Services.

The number of reviews held in the last period (322) is lower than the previous month (390). As noted about levels of activity will need to increase in the next few months in order that the required monthly engagement target is reached and subsequently maintained throughout the rest of this review year to ensure that the target compliance percentage of 80% is achieved.

Although the increase in engagement during the last few months of the 2022/23 performance year meant that we moved into the 2023/2024 performance year in a more positive position, this momentum has slowed over the last 2 months.

The lower increase reported over the last 2 months may be an indication that services directed their focus on PDPR acknowledging that March 31st is the end of the annual review period, and as a reaction to increased communications within their service. It is essential that this does not continue into the next few months and, to achieve our target this year, every effort must be made to return to higher activity levels. The enhanced communications and encouragement from Senior Managers and Executives needs to be a key feature throughout 2023/24 in order to reach, and maintain the required momentum. To return to a level trajectory for the remaining 10 months, a minimum engagement figure of 5.7% (approximately 550) per month is required to ensure that the target compliance percentage of 80% is achieved by 31st March 2024. All managers were provided with a PDPR status report as at 31st March 2023 at the beginning of April and an updated report will be provided in September 2023.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	394 (Jan)	246 (Jan)

There were an additional 14 successful quits in January 2023, matching the reported numbers in December 2022 but representing a continued fall against the target with a cumulative total thus far of 246 for 2022/23. Data from previous years typically shows increased numbers in January following a lull in December but this has not been the case for 2022/23.

Achievement against trajectory to January is 62.4% (down from 65.5% in December). National figures for FY 2022/23 were published recently, and these showed that the NHS Fife quit rate against trajectory at the end of Q2 (60.2%) was slightly lower than the Scottish average (61.8%).

For all quit attempts, the quit success rate in specialist services continues to be significantly higher than for other services.

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August.

The Stop Smoking Service is delivering 17 community-based clinics and 10 GP based clinics across Fife: All clinics are face to face with a specialist Stop Smoking Advisor. 3 of the community clinics have been established at Fife College sites after the Student Wellbeing festival in March. Work is ongoing to target the service provision to our most vulnerable communities in SIMD 1 & 2 areas. Team attended community events in these areas and have been able to offer brief interventions and advice. We continue to use the mobile unit to raise visibility of the service, awareness of support available and connect to our communities weekly, successful use has been at food bank/food larder provision. Providing accessible support for people impacted by the cost-of-living increases.

Following our attendance at the Health Promotion Workplace conference, we were invited to attend a Nursing Home in West Fife, this request was made by the residents and staff looking for support to stop smoking. Our attendance gave an onsite opportunity for residents, visitors, and staff to visit the mobile unit to discuss support needs, undertake a carbon monoxide test and enrol in the service. One new advisor joined the team in April, all new advisors are undertaking their specialist training to complete the Smoking Cessation Competency Framework; we have one further vacancy for the specialist and maternity service: Two advisors are on maternity leave, these factors impact and reduce service capacity.

Working with community pharmacy (CP) champions, we have undertaken site visits at 86 CP to re-establish links post pandemic. Due to pressures in CP this has given us the opportunity to capture an accurate picture of how their service provision is working within their busy environments and when they experience staffing issues. Further work will be undertaken throughout the next quarter to support CP: issues have been raised that there is a drop in Quit Your Way Pharmacy service as priority is given to specialist prescribing, compliance dispensing systems and supporting increased footfall from the Right Care, Right Place campaign.

CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	67.7%
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Monthly performance saw a steep drop from the high of 91.1% reported in March 2023 to 67.7% in April 2023, taking it to below the average for the past 24-months (74%). The data is becoming more variable than in the past, routinely rising above and then dropping below the average.

For the fifth month running, no young people are having to wait for more than 35 weeks for treatment. The percentage of those waiting for more than 18 weeks has risen slightly from 83.2% in March 2023 to 85.3% in April 2023 and is notably higher than the 44.7% seen in April 2022.

The number of referrals received has dropped from 319 in March to 187 in April which mirrors a similar drop in referrals seen at the same time last year. In contrast to last year however, the waiting list continues to increase steadily.

The next quarterly publication of health board comparison figures will be made available in June for reporting the following month.

Reduction in RTT % (activity at front of the waiting list) was as a result of the commencement of evening clinics (activity against longest waits) which have been established to mitigate the reduced staffing capacity due to current vacancies and to hold the position where no one is waiting over 36 weeks. Recruitment to fill posts is underway with all posts at interview stage. RTT will continue to fluctuate dependent on ratio of urgent presentations to work against longest waits. Easter Holidays during April resulted in referral rate dropping and DNA rate increasing. Performance specifically related to longest waits has followed the predicted trajectory reported to Scottish Government which will

		Target	Current
<p>see an incremental increase in waiting list until September 2023 followed by a gradual reduction through to March 2024 when RTT% will be achieved, dependent on demand following previous pattern and successful recruitment & retention of staff.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	70.5%
<p>Monthly performance dipped again in April 2023 to 70.5% which is only slightly higher than the low seen in Feb 23 (69.6%). The overall waiting list has risen slightly (2576 in April 23) but has remained relatively steady over the past 12 months ranging between 2300-2700. The number of those waiting over 52 weeks continues to reduce, but the numbers waiting between 19 to 52 weeks has increased.</p> <p>The number of referrals received dropped to 748 and this mirrors a similar drop seen last year between March and April.</p> <p>The next quarterly publication of health board comparison figures will be made available in June for reporting the following month.</p> <p>The specific Psychology Services where waiting times remain an issue continue to progress service developments to better meet demand. During April, the Adult Mental Health (AMH) Psychology Service began a pilot of a group programme (Survive and Thrive) for people who have experienced interpersonal trauma. If successful, this will be rolled out across Fife. The Psychology Service has invested in training a number of psychologists from different clinical services in the specific therapy Eye Movement Desensitisation Therapy (EMDR), which has a good evidence base for treating complex trauma. External group supervision is supporting the implementation of this training. Both of these developments are relevant to treating people on the current waiting list and to maintaining improved performance in the future. The service continues active recruitment although national workforce pressures still pose a challenge. Access to enough suitable clinic accommodation also remains a challenge.</p>			
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.1%
<p>The latest published data (for quarter ending December) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 95.1%, above target, however this hasn't been achieved in consecutive quarters since between June 2019 and September 2020. PCV uptake also exceeded 95% with MenB slightly below, Rotavirus uptake was lowest at 12 months of age at 92.7%.</p> <p>Uptake at 12 months for 6-in-1 in NHS Fife was slightly lower than national average and ranked 7th out of 11 mainland NHS Boards.</p> <p>A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.</p>			
Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	86.3%
<p>The latest published data (for quarter ending December) shows that NHS Fife uptake for MMR2 at 5 years of age had decreased to 86.3%, was 88.4% quarter previous. Lowest uptake achieved since March 2019 with peak uptake of 91.1% in September 2021. MMR1 and Hib/MenC uptake exceeded 95% with 4-in-1 uptake similar to MMR2.</p> <p>Uptake at 5 years for MMR2 in NHS Fife was lowest of all mainland NHS Boards, one of three achieving less than 90%, highest uptake was 95.5%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.</p>			

d. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	15
HSMR	16
Inpatient Falls (With Harm)	17
Pressure Ulcers	18
SAB (HAI/HCAI)	19
C Diff (HAI/HCAI)	20
ECB (HAI/HCAI)	21
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4-Hour Emergency Access	23
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New Outpatients	25
Diagnostics	26
Cancer 62-day Referral to Treatment	27
Delayed Discharges	28

Finance, Performance & Resources: Finance

Revenue & Capital Expenditure	30
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Staff Governance

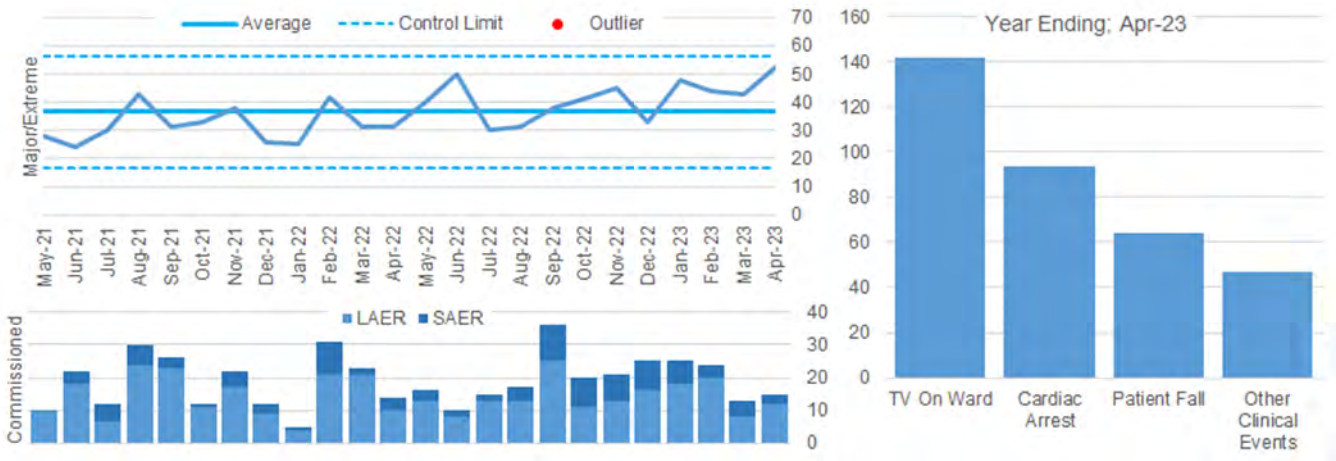
Sickness Absence	31
PDPR Compliance	32

Public Health & Wellbeing

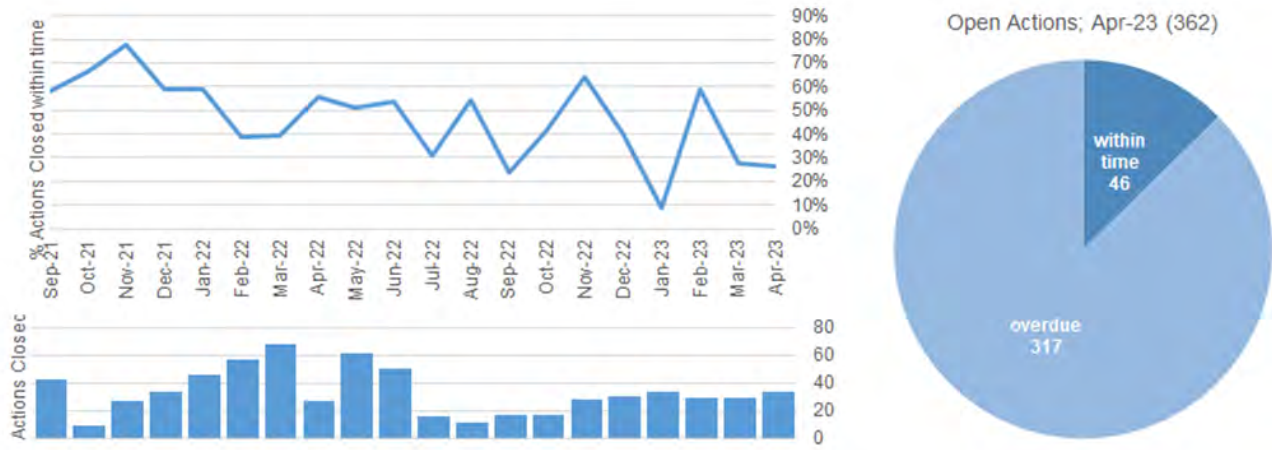
Smoking Cessation	33
CAMHS 18 Weeks Referral to Treatment	34
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Child Immunisation: 6-in-1, MMR2	36

CLINICAL GOVERNANCE

Adverse Events	Number 52
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Actions from Significant and Local Adverse Event Reviews	Closure Rate 26.5%
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Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 Complete
Key Milestones	Review of Policy	Dec-22 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 Complete
	Training and Education	Mar-23 Complete

HSMR

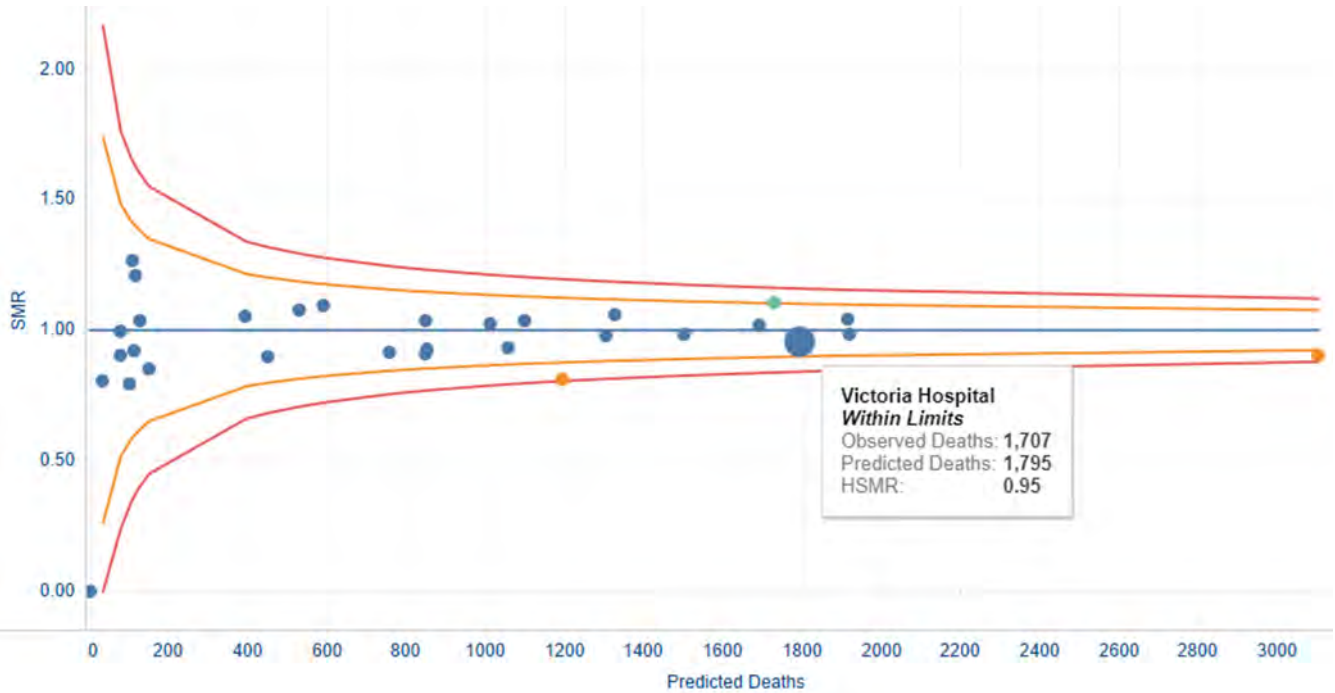
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Performance
0.97

Reporting Period; January 2022 to December 2022

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.

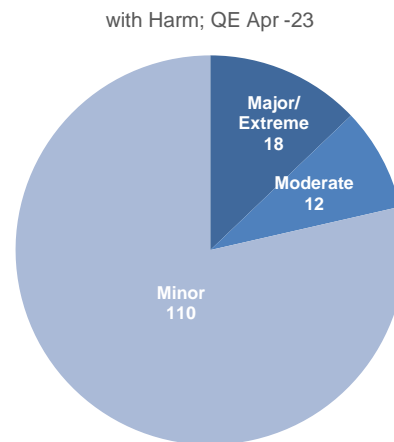
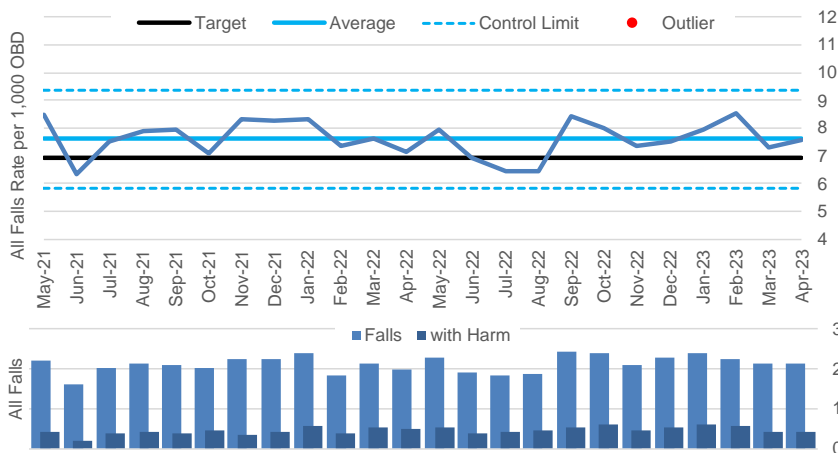
CLINICAL GOVERNANCE

Inpatient Falls

Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2023) = 6.91 per 1,000 OBD

Performance
7.54

Local Performance



Performance by Service Area

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	7.13	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.50	7.91	8.54	7.27	7.54
Acute	8.25	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.34	8.29	10.14	6.67	9.06
HSCP	6.14	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65	7.58	7.21	7.76	6.27

Key Deliverable

Reduction in number of Patient Falls in order to achieve specified reduction target in this FY	Mar-24 At risk
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Key Milestones

Refresh Falls Champions Register and Network	Sep-23 On Track
Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Sep-23 On Track
Develop an Audit programme for 2022/23	Jun-22 Complete
Review and refresh Falls Toolkit	Apr-23 Complete
Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Apr-23 On track
Review LEARN summaries to support shared learning	May-23 On track
Explore feasibility of implementation of Falls module on Patient Trak	Apr-23 Suspended
Explore QI resource to support clinical staff and enhance local improvement work	Apr-23 Complete

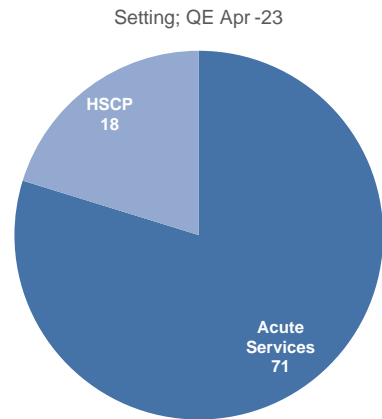
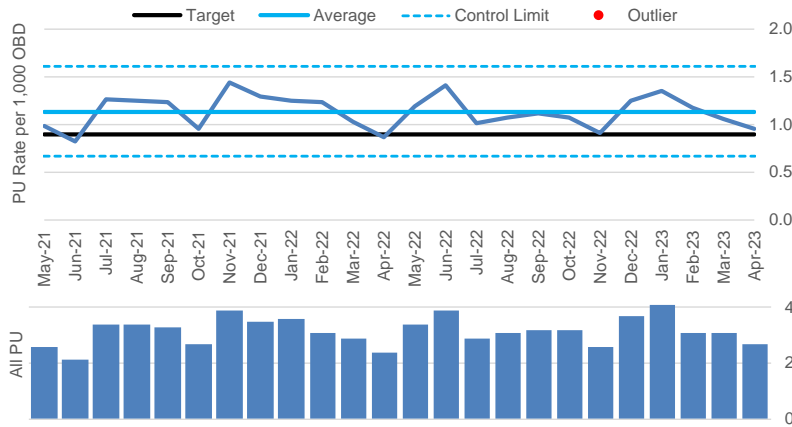
CLINICAL GOVERNANCE

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2023) = 0.89 per 1,000 OBD

Performance
0.96

Local Performance



Performance by Service Area

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	0.87	1.18	1.40	1.02	1.07	1.11	1.07	0.91	1.24	1.35	1.17	1.06	0.96
Acute	1.37	1.77	2.05	1.48	1.69	2.02	1.97	1.28	2.29	2.39	2.41	1.90	1.33
HSCP	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32	0.44	0.14	0.37	0.65

Key Deliverable		End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY		Jun-23 Off track
Key Milestones	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 Complete
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 Suspended
	Establish an operational TV group	Mar-23 Complete
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patienttrack	Oct-22 Complete
	Embed the use of the CAIR resource	Jun-23 Suspended
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 Complete
	Develop a training and education plan	Oct-22 Complete

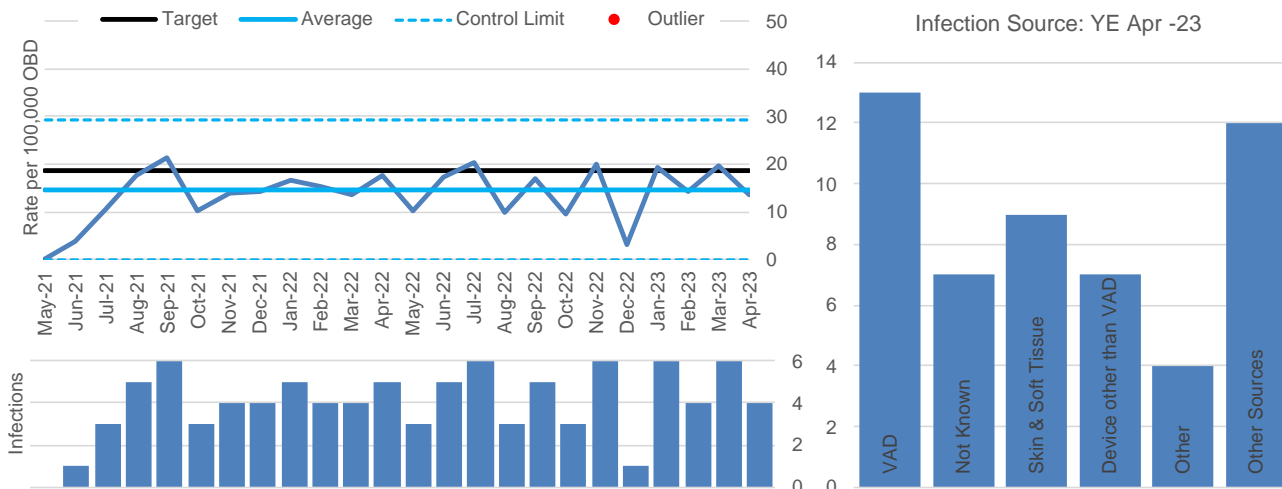
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
13.5**

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9	
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2		

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 Complete

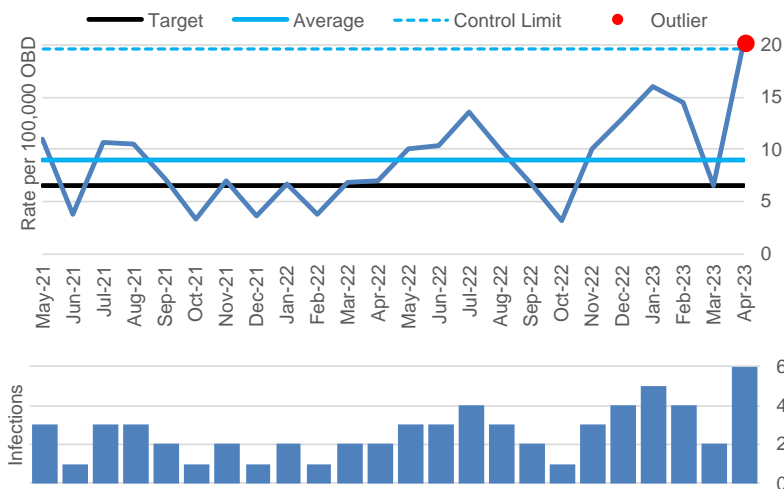
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

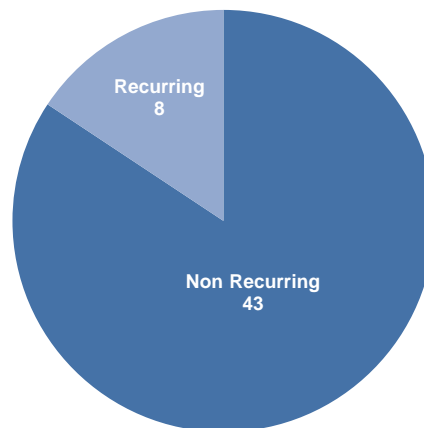
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
20.2**

Local Performance



Recurrence: YE Apr -23



National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23				
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	12.3	
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5		

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 Complete
	Reduce overall prescribing of antibiotics	Mar-24 Complete
	Reducing recurrence of CDI	Mar-24 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 Complete

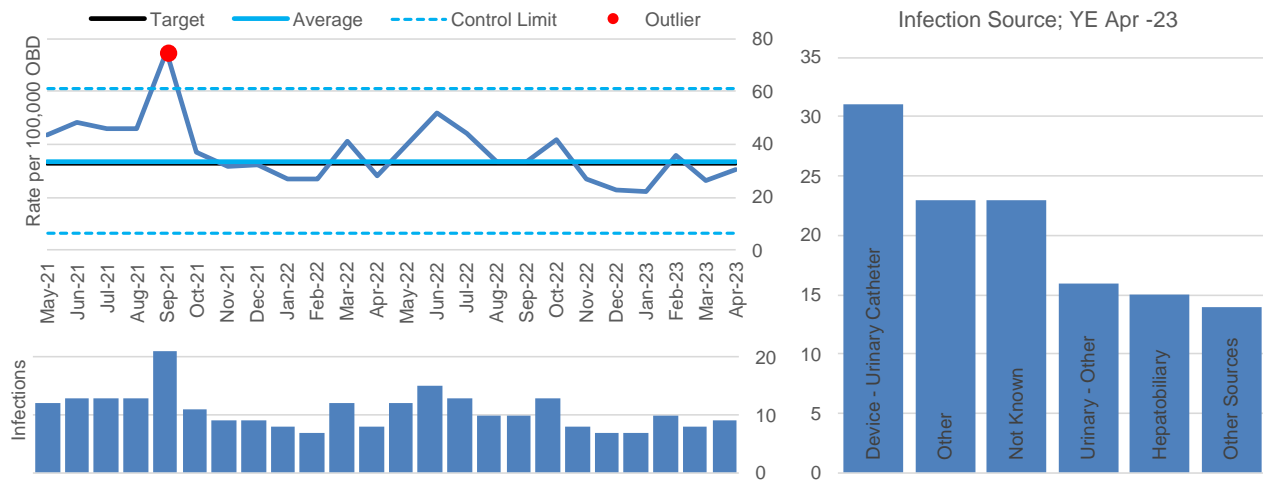
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
30.4**

Local Performance



National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23				
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9	
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5		

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 Completed
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout	Oct-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-24 Completed
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 Complete

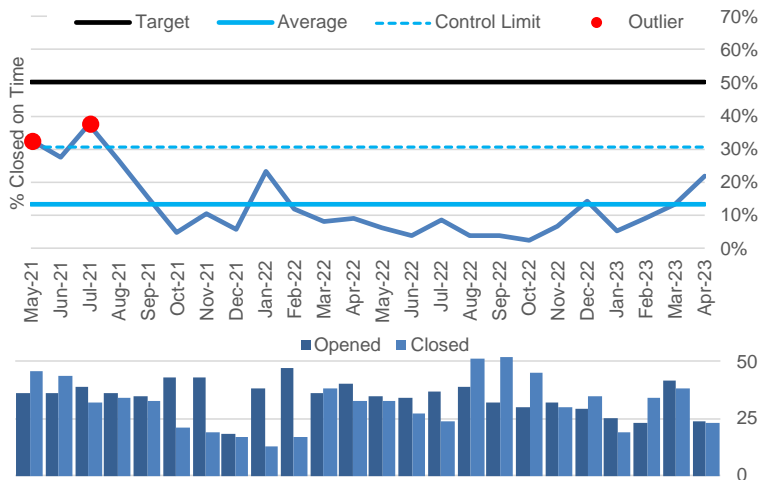
CLINICAL GOVERNANCE

Complaints | Stage 2

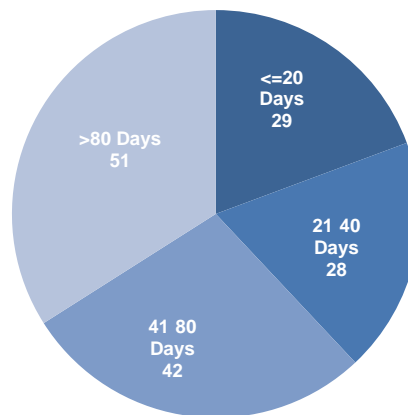
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
21.7%

Local Performance



Open Complaints; Apr -23



Performance by Service Area

		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	Opened in Month	35	34	37	39	32	30	32	29	25	23	42	24
	% Acknowledged on time	71.4%	76.5%	81.1%	87.2%	90.6%	96.7%	93.8%	96.6%	96.0%	95.7%	90.5%	100.0%
	Due in Month	49	32	30	47	37	21	30	27	32	30	28	38
	% Closed on time	4.1%	6.3%	3.3%	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	13.2%
	Closed in Month	33	27	24	51	52	45	30	35	19	34	38	23
Acute	% Closed on time	6.1%	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	21.7%
	Closed in Month	22	20	14	43	34	29	22	26	17	23	23	16
HSCP	% Closed on time	4.5%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	25.0%
	Closed in Month	11	7	10	6	16	16	7	9	2	10	15	7
	% Closed on time	9.1%	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%

Key Deliverable

End Date

Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)

Mar-24
Off track

Adherence to NHS Fife's Participation and Engagement Framework

Mar-23
Complete

Rebrand Patient Relations to Patient Experience Team

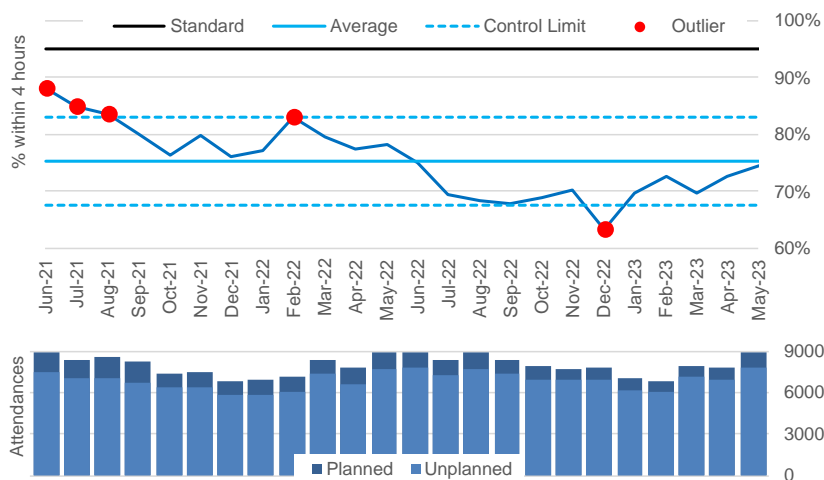
Dec-22
Complete

4-Hour Emergency Access

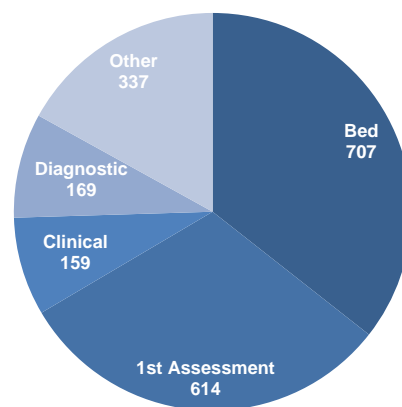
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
74.4%

Local Performance



Breach Reasons: May -23



National Benchmarking

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	74.9%	69.3%	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.4%
Scotland	71.3%	70.0%	69.6%	69.0%	67.6%	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	

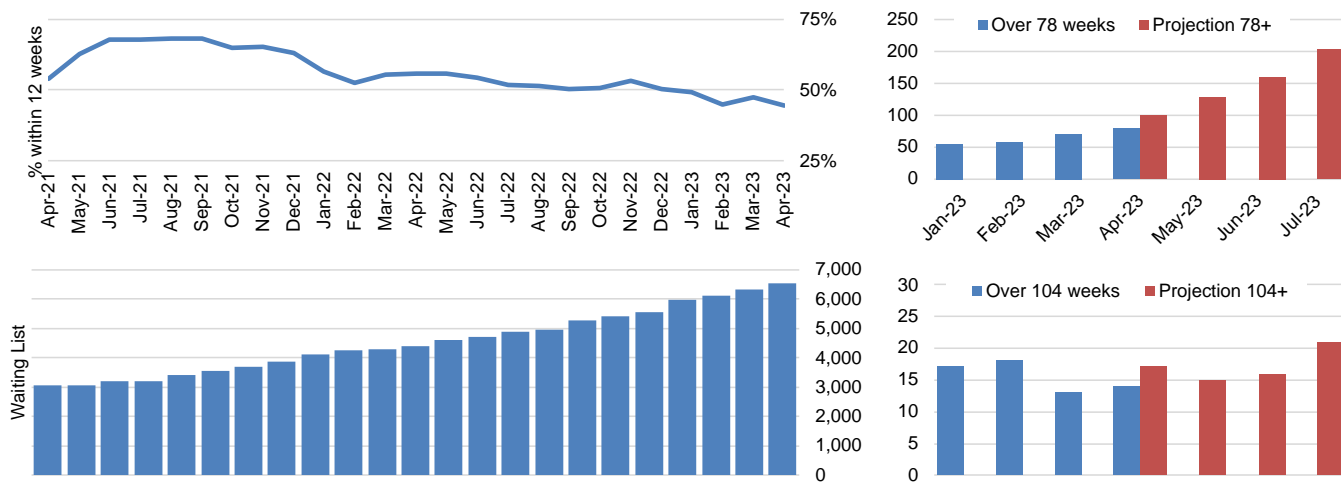
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Aug-23 At risk
Key Milestones	Review AU1 assessment area	Aug-23 On track
	Enhance pathways into ECAS	Aug-23 On track
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Sep-23 Off track
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Sep-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Sep-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 Complete
Redesign of Urgent Care in close working with partners		Aug-23 On track

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Performance
44.6%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%	44.9%	47.5%	44.6%
Scotland	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	33.0%	33.5%	31.0%				

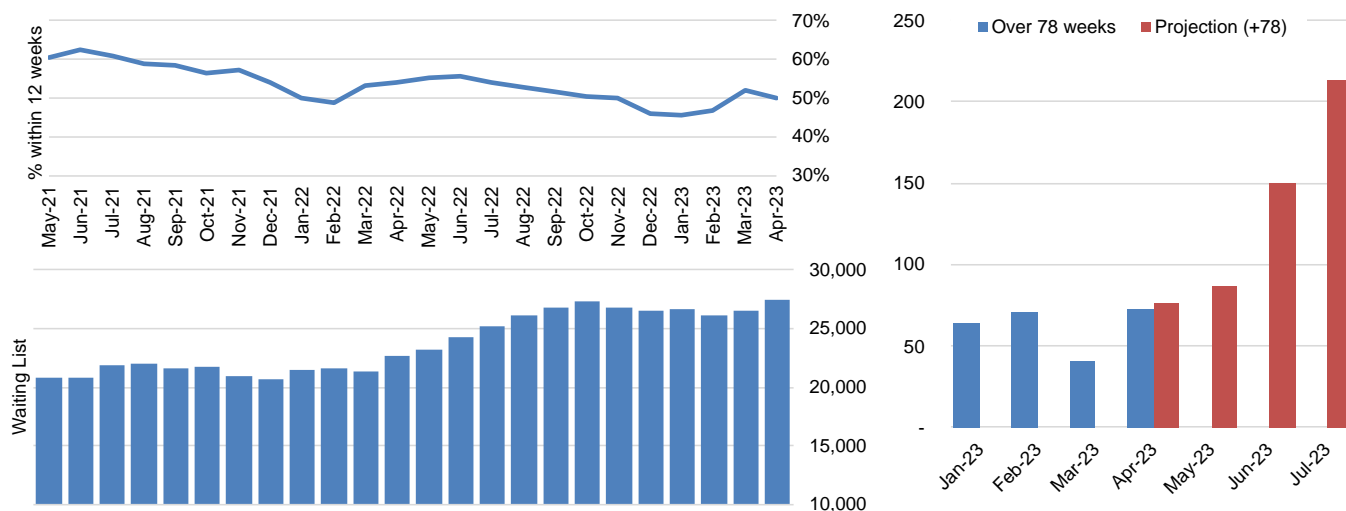
Key Deliverable	End Date
Reducing long waits; TTG	Mar-24 At risk
Preassessment	Mar-23 Complete
Elective Orthopaedic Centre	Mar-23 Complete
Maximise utilisation of QMH Theatres	Jul-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 Complete

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Performance
50.0%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%	46.6%	52.0%	50.0%
Scotland	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	47.0%	44.1%				

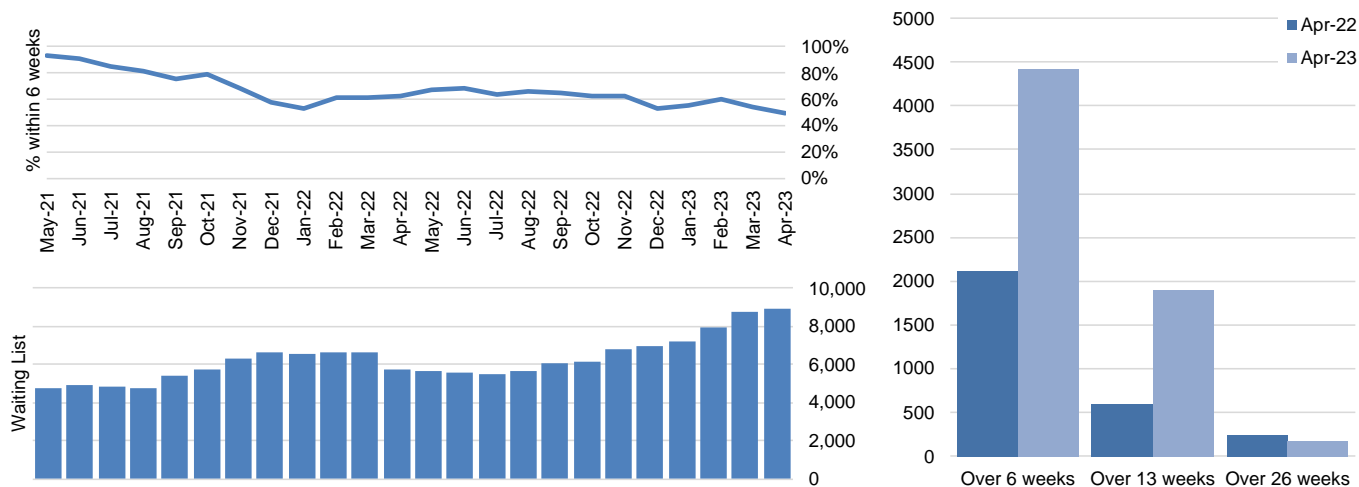
Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-24 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-24 At risk
	Three step validation process of waiting lists will be implemented	Mar-24 Off track

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Performance
50.1%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	63.1%	67.8%	63.6%	63.5%	66.0%	64.7%	62.5%	62.9%	53.4%	55.3%	59.9%	54.7%	50.1%
Scotland	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	47.7%	50.6%	53.4%	45.4%	53.0%	52.1%	

Key Deliverable

Reducing long waits; Diagnostics

End Date

Mar-24
At risk

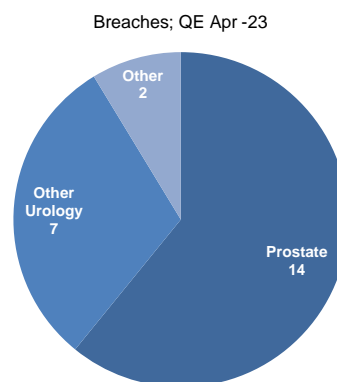
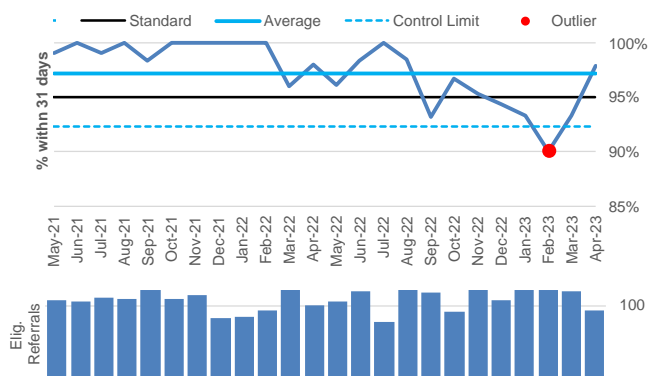
Radiology -7 day working

Mar-24
Off track

Cancer 31-Day Diagnosis to Treatment

95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

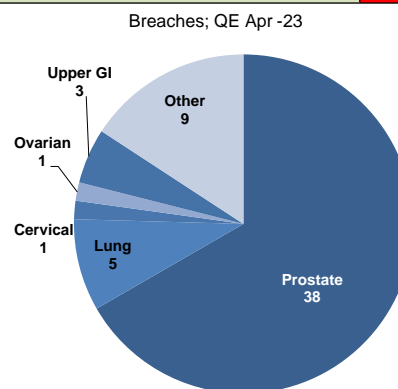
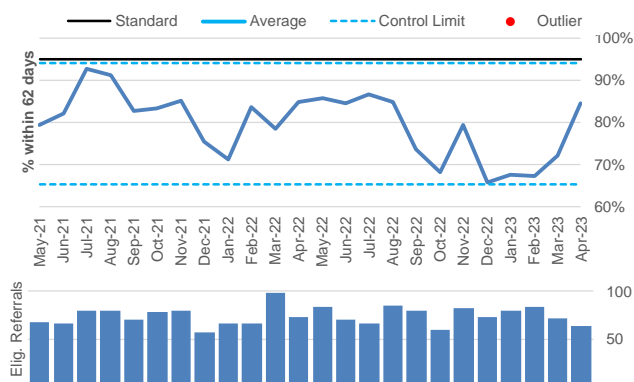
Performance
97.9%



Cancer 62-Day Referral to Treatment

95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance
84.4%



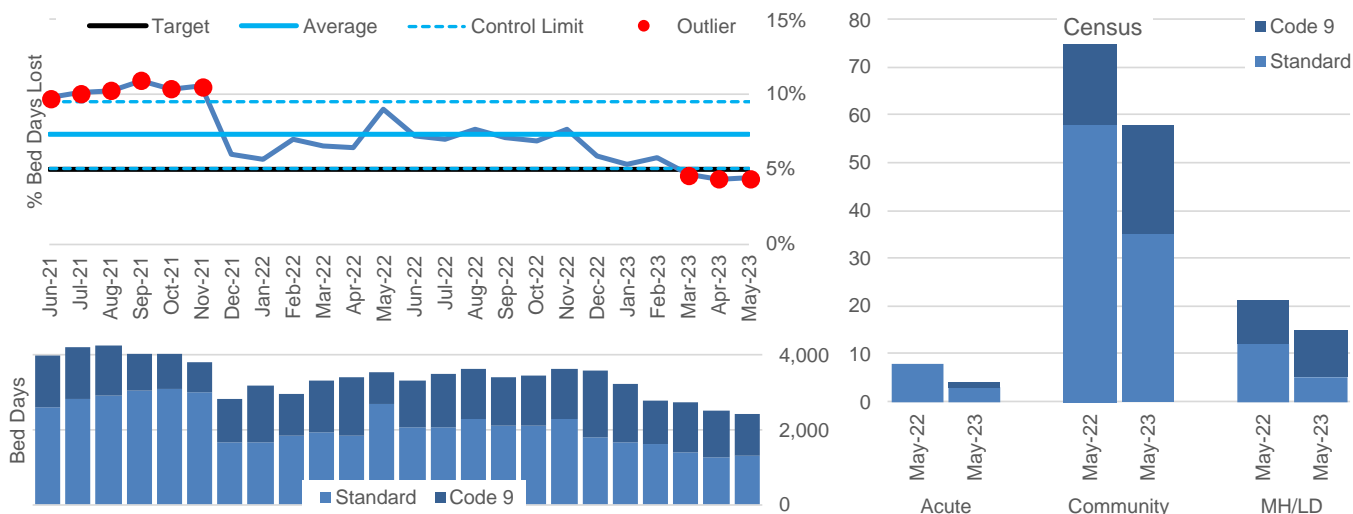
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-24 On track
Key Milestones	ECDC development/expansion	Jun-23 Off track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 Complete
	Continued public and patient engagement	Mar-23 Complete
	Increased access to trials linking with R, I & K	Mar-23 Complete
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-24 Off track
Delivery of Cancer Waiting Times		Mar-24 Off track
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance.	Mar-24 Proposal
	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-24 Off track

Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Performance
4.4%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending									
		2020/21			2021/22			2022/23			
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

Key Deliverable

End Date

Deliver Home First and enable Prevention and Early Intervention

Dec-23
On track

Key Milestones

Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.

Jun-23
Complete

Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach

Jun-23
Complete

Support citizens to have greater control and choice of care preferences in event of a future deterioration or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.

Jul-23
On track

Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation

Dec-22
Suspended

Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time

Mar-23
Complete

Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.

Jul-23
At risk

Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge

Mar-23
Complete

Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future

Oct-22
Complete

Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay

Mar-23
Complete

Continue to reduce delayed discharge		Dec-23 On track
Key Milestones	Reduce hand offs in discharge processes	Feb-23 Complete
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 Complete
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Dec-23 Complete
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 Complete
	Planned Date of Discharge Project	Mar-23 Complete
	Front Door Model	Mar-23 Complete
	Electronic referrals	Dec-23 On track

Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

**Revenue
(£7.9m)**

**Capital
£0.298m**

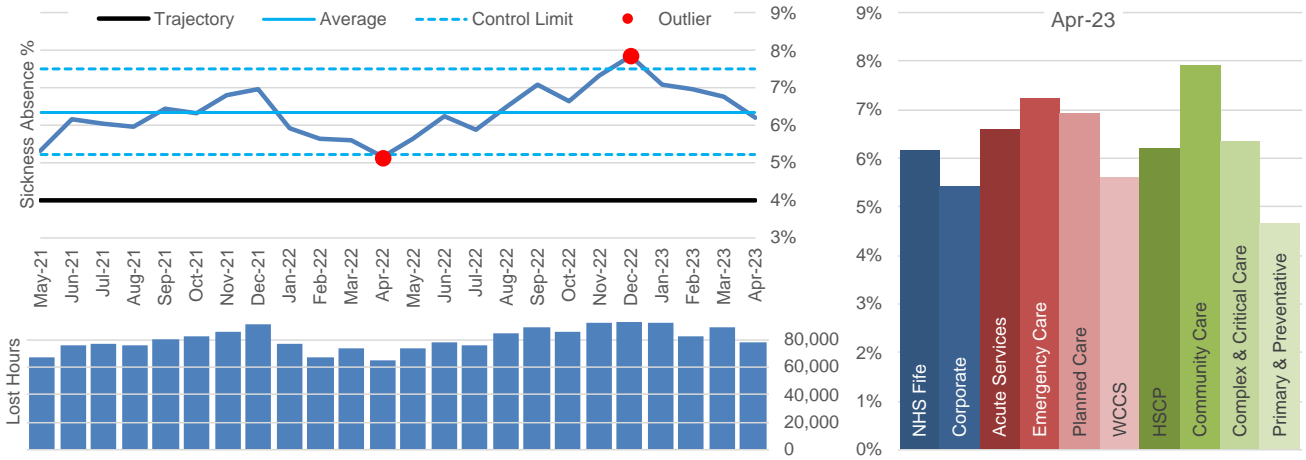
Finance detail has been provided in a separate SBAR submitted by our Finance colleagues.

Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance
6.18%

Local Performance (sourced from East Region Workforce Dashboard)



National Benchmarking (sourced from SWISS)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%	6.95%	6.76%	6.18%
Scotland	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	6.87%	5.60%		

Key Deliverable		End Date
Support the Health and Wellbeing of our Staff		Jun-23 At risk
Key Milestones	Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	Mar-23 Complete
	Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	Jun-23 At risk

STAFF GOVERNANCE

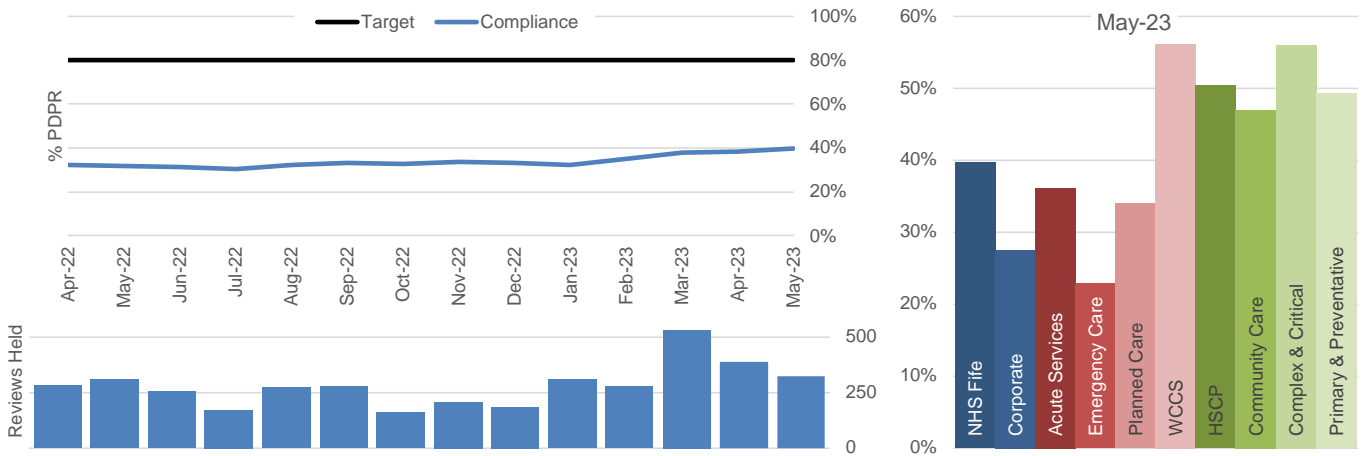
PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance

39.8%

Local Performance



	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife		31.4%	30.4%	32.4%	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%
Corp.			23.7%	25.7%	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%
Acute			31.0%	33.9%	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%
HSCP			34.0%	35.6%	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%

Key Deliverable

End Date

Work towards improvement in PDPR engagement and achieving an 80% compliance rate

Mar-24
At risk

Key Milestones

- Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed
- Provide RAG status reports to all Managers during September 2022
- Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis
- Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDPR activity

Mar-23
Complete

Sep-22
Complete

Dec-22
Complete

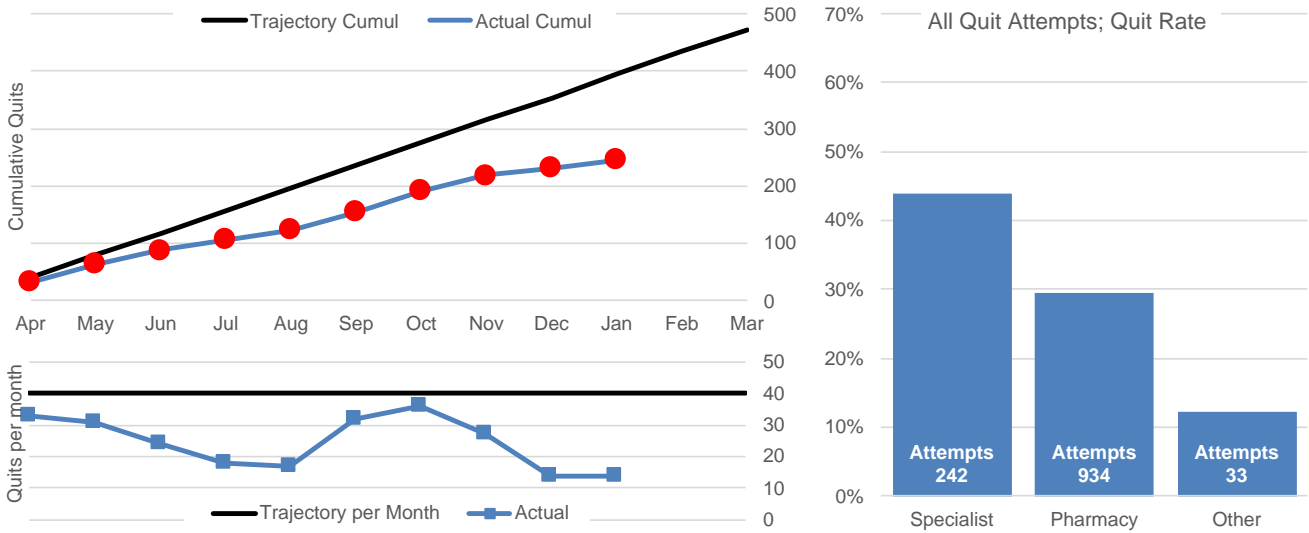
Dec-22
Complete

Smoking Cessation

In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Performance
246

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	33	31	24	18	17	32	36	27	14	14		
	Actual Cumul	33	64	88	106	123	155	191	218	232	246		
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
Scotland	Achieved	82.5%	81.0%	74.6%	67.1%	62.4%	65.7%	69.2%	69.2%	65.5%	62.4%		
	Achieved			62.9%									

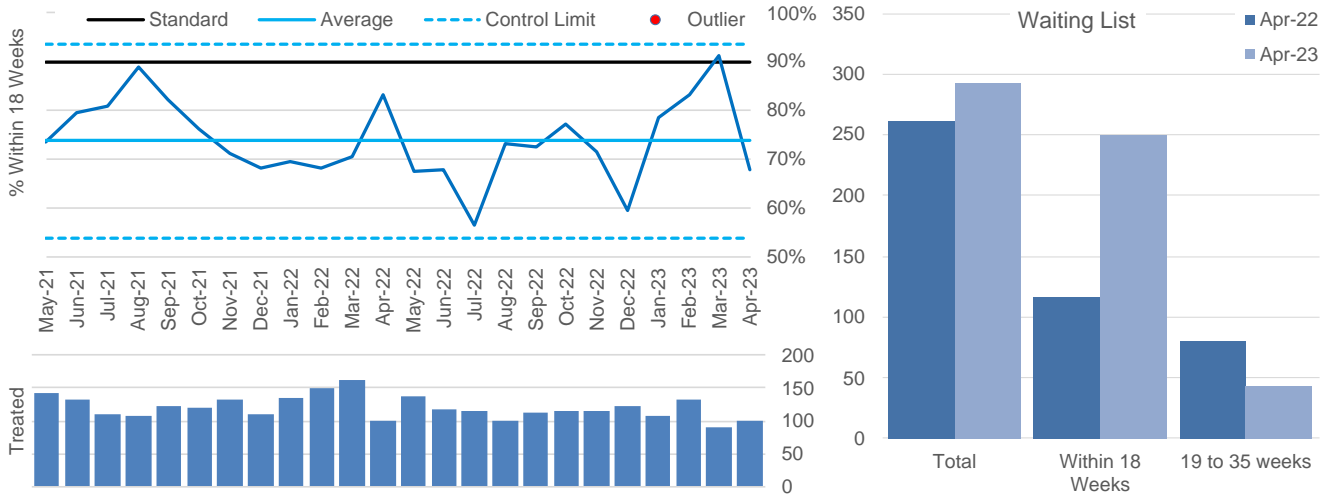
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Apr-23 Complete
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 Complete
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 Complete
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance
67.7%

Local Performance



National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%
Scotland	66.7%	67.4%	67.4%	66.4%	69.3%	69.0%	67.4%	75.6%	0.0%	0.0%	0.0%	0.0%

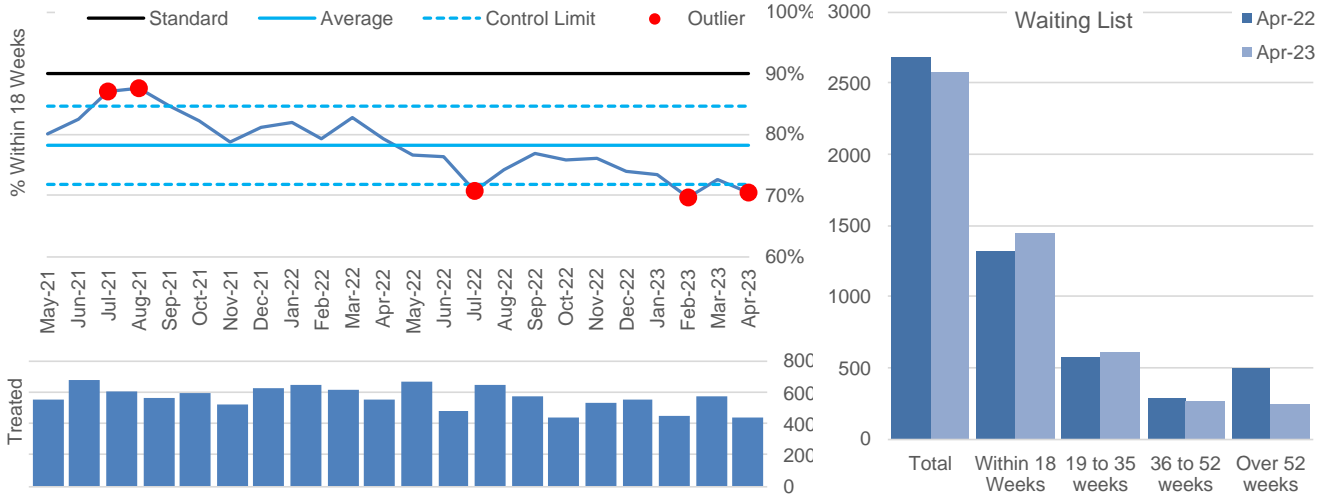
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Aug-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Aug-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Aug-23 On track

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

**Performance
70.5%**

Local Performance



National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%
Scotland	80.9%	82.3%	79.2%	81.6%	81.2%	80.8%	80.5%	82.3%	0.0%	0.0%	0.0%	0.0%

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-24 At Risk
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 Complete
	Recruit new staff as per Psychological Therapies Recovery Plan	Oct-23 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-24 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Completed

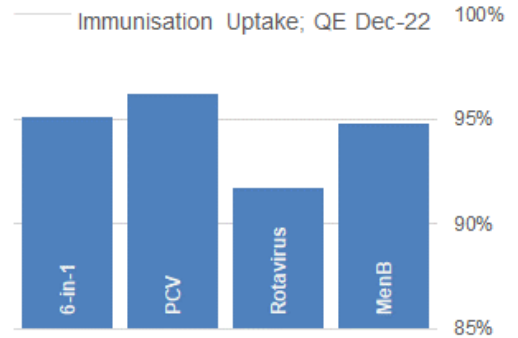
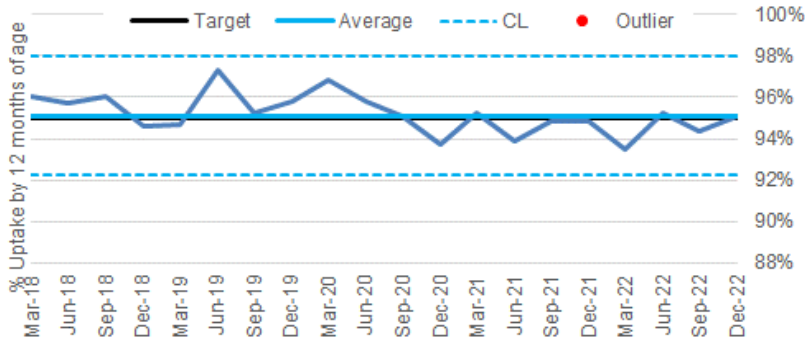
PUBLIC HEALTH AND WELLBEING

Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance
95.1%

Local Performance



National Benchmarking

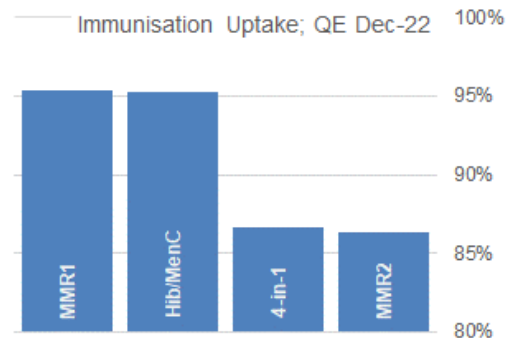
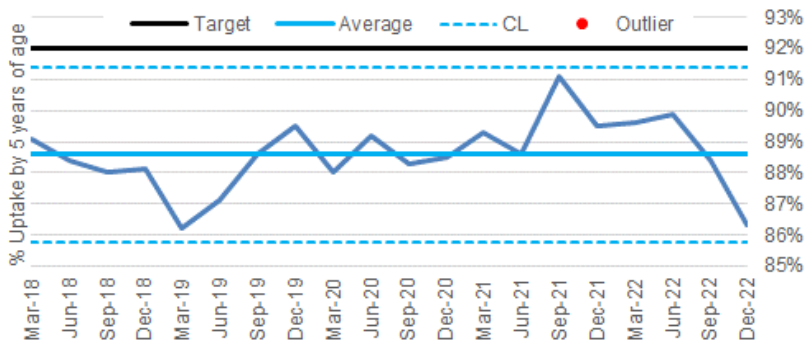
Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
86.3%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Apr-23
Complete

Key Milestones

6-in-1 primary vaccination uptake at age 12 months for Fife population

Apr-23
Complete

MMR2 uptake at age 5 years for Fife population

Apr-23
Complete

Meeting: Fife NHS Board
Meeting date: 25 July 2023
Title: Financial Performance & Sustainability Report
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This paper represents a new presentation of the financial performance and financial sustainability of the Board. The financial position at the end of May 2023 is measured against the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The plan sets out an underlying deficit of £25.9m partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The medium-term plan detailed how the board will work towards delivering the financial improvement and sustainability required across the medium-term. This included assessment of the areas of greatest risk which will challenge the delivery of the plan.

2.2 Background

The Board financial position is sitting beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To deliver value and sustainability	6	4	2	-		◀▶	Moderate

A £7.9m revenue overspend is reported for the first two months of the 2023/24 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

2.3 Assessment

At the end of March 2023, the Scottish Government acknowledged the position outlined in our financial plan for 2023-24 and advised the Board to undertake the following actions by 30 June 2023.

- To provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- Focus on addressing Covid-19 legacy costs, including additional bed capacity.

Significant work is ongoing in relation to our financial improvement and sustainability programme to mitigate the financial gap and deliver against SG's expectations laid out above.

2.3.1 Quality / Patient Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

Effective financial planning, allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, outwith the Board's agreed risk appetite for value and sustainability. This reflects the ongoing financial consequences of operational challenges, the uncertainty around planning assumptions and outstanding funding allocations.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An impact assessment has not been carried out as it is not relevant to the content of this paper.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial month end process in consultation with senior finance colleagues and directorate managers.

2.3.8 Route to the Meeting

The information contained within this paper is presented for consideration for the first time and has not been previously considered by the other groups as part of its development.

2.4 Recommendation

- Assurance

3 List of appendices

None

Report Contact

Maxine Michie

Deputy Director of Finance

nmaxine.michie@nhs.scot

1. Financial Position May 2023

1.1 This report details the financial position for NHS Fife to 31 May 2023. A £7.9m revenue overspend is reported for the first two months of the 2023/24 financial year for Health Board retained services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan. The financial position is currently tracking beyond the agreed Board risk appetite in relation to delivering value and sustainability. The areas of greatest financial challenge including risk and uncertainty are referenced in the main body of the paper.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services				
Clinical Services				
Acute Services	272,252	46,934	51,904	-4,970
IJB Non-Delegated	10,005	1,690	1,646	44
External Service Commissioning	98,689	16,503	17,658	-1,155
Non Clinical Services				
Property & Infrastructure	90,881	15,382	15,739	-357
Support Services	84,605	14,960	15,503	-543
Other				
Corporate	32,447	2,836		2,836
Income	-31,315	-5,255	-5,296	41
Cost Improvement Target*	-12,420	-2,070		-2,070
Sub-total Core position	545,144	90,980	97,154	-6,174
Projected Financial Gap	-10,865	-1,811	0	-1,811
TOTAL HEALTH BOARD RETAINED SERVICES	534,279	89,169	97,154	-7,985

* CIP of £2.479 relating to 2022/23 accounted for across services

2. Health Board Retained Services

- 2.1 The financial position at 31 May shows an overspend of £7.985m which is significantly in excess of the anticipated £1.811m overspend for May (2/12ths of £10.865m planned gap). This position reflects the ongoing capacity and staffing pressures across the Acute Services Division in terms of additional supplementary staffing costs to cover sickness absence, vacancies and surge capacity) combined with increases in medicines costs and continuing covid legacy costs.
- 2.2 Although significant progress was made in the financial year 2022/23 towards increasing our NRAC share, the medium-term financial plan confirmed we remain at 0.8% from parity. The cumulative impact of not receiving our full NRAC share of available funding is providing additional financial challenge to the Board. At the beginning of June Scottish Government confirmed additional recurring funding to be allocated on an NRAC basis to all territorial boards, with weighting to Boards behind NRAC parity, bringing those boards to 0.6% from

parity. This results in additional NRAC funding for NHS Fife for 2023/24 of £8.3m, representing total NRAC funding of £9.3m for the financial year. This additional funding will significantly reduce the level of brokerage required for 2023/24, a detailed assessment of the full impact is underway.

Acute Services

- 2.3 The Acute Services Division reports an overspend of £4.970m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets coupled with significant overspends in medicines, predominantly within Haematology, Neurology and Dermatology. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact.
- 2.4 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of May, set aside services are reporting an overspend of £2.107m which is being funded on a non-recurring basis by the board.

External Service Commissioning

- 2.5 Service Level Agreements and contracts with external healthcare providers are £1.155m overspent. In the main this overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services.

Corporate Services

- 2.6 Corporate Directorates including Property and Infrastructure are reporting large overspends at the end of May. This is due to several factors including the impact of inflation across catering supplies, PPP contracts, energy and waste and confirmation of funding allocations which have not been anticipated in the financial position.

3. Financial Improvement & Sustainability Programme

- 3.1 Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme. Scottish Government expect all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims. In line with our financial plan a cost improvement target of £4.6m has been delegated to the partnership and £15m will be the responsibility of Health Board retained services to deliver. Detailed work is underway to track the level of savings delivered on a monthly basis and this will be included in the report going forward.

Bank and Agency Staffing

- 3.2 In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government’s directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Controls.
- 3.3 In parallel with the work to reduce reliance on agency staffing there are also a number of initiatives underway to increase our substantive nursing staff levels. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker and Assistant Practitioner (band 2-4) Career Development Framework Group and the recent rapid recruitment event.

3.4 The spend on supplementary staffing has not reduced at the end of May mainly due to the time required for the actions being taken to bed in. However, spend with off-framework agencies is reducing with only known and specific requirements remaining with off framework agencies from June.

Reducing Surge Capacity

3.5 There are plans to reduce surge capacity within ward 6 at VHK by up to 50% over the summer months and relocate surge activity to ward 9 to enable continued flexibility to safely manage surge activity across the site. We anticipate the financial impact of this change will start to emerge from September.

Corporate Overheads

3.6 In relation to reducing corporate overheads, several areas for consideration were presented to the May FIS Programme Board that require prioritisation to concentrate efforts on delivery of schemes on a phased basis. Further analysis is required to identify priority areas and move work forward. We anticipate a firm plan to be agreed by September.

Medicines Optimisation

3.7 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m.

Major Contract Review

3.8 Work also continues on a major contract review to deliver recurring cost reductions.

Digital Services

3.9 Early work has been considered by the May FIS Programme Board to propose initiatives to deliver efficiencies in relation to paperless contact for some services and reviews of all digital contracts.

4 Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report an overspend of £2.986m. Detailed financial reporting for the partnership sits with the IJB.

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Fife Health & Social Care Partnership	405,780	68,797	71,783	-2,986
TOTAL HEALTH DELEGATED SERVICES	405,780	68,797	71,783	-2,986

5. Financial Forecast - Risk Assessment

Workforce Cost Pressures

5.1 Like every board we are experiencing significant levels of expenditure in supplementary staffing arising from workforce challenges and system wide additional capacity issues. A Bank and Agency programme Board has been established to oversee reduction in this

area of expenditure and to ensure compliance with the SG direction in relation to moving away from the use of off-framework agencies.

Funding Assumptions

- 5.2 The availability and quantum of funding and resources to support all access targets including patient treatment time guarantee, outpatients, diagnostics and mental health is uncertain. There is a risk we will not secure sufficient planned care funding to deliver activity targets and regular review of funding and performance will be required with relevant actions taken to mitigate risk. NHS Fife has employed substantive staff to deliver waiting times rather than supplementary staffing and waiting lists initiatives as much as possible. There is a risk that the impact of national pay awards for these substantive posts may not be fully funded in waiting times allocations.

External Service Commissioning

- 5.3 NHS Lothian have plans to move away from their current cost model for Service Level agreements to a Patient Level information and Costing system which provides increased accuracy for costing of services and activity. This planned change will increase our SLA with NHS Lothian by circa £2m per annum. We anticipate engaging with NHS Lothian on this issue over the summer months.
- 5.4 We are following up with Scottish Government colleagues the implications of the withdrawal of funding to NHS Tayside for Service Level agreements paid on behalf of NHS Fife. The size of the financial risk to the Board is £1.5m per annum.

Unscheduled Care Hospital Capacity

- 5.5 We are continuing to incur costs on unfunded surge capacity in response to the high demand for unscheduled care services. If the demands on unscheduled care continue in 2023/24 at the same levels currently experienced, there is a risk we may be unable to deliver the reduction planned.

Covid Cost Legacy

- 5.6 Whilst SG have confirmed there will be no Covid funding going forward apart from recurrent funding commitments for Vaccinations, Test and Protect activities, additional PPE requirements and some specific Public Health Measures and Public Health, we anticipate additional spend will continue to be incurred by the board in managing both the pandemic and its impact on services. A group has been established within the Acute Services division to review and reduce legacy Covid expenditure as much as possible without compromising patient safety or staff wellbeing.

Acute Medicines

- 5.7 The extent of the cost increases associated with new secondary care medicines remains a high risk. However, we have been advised to assume an NRAC share of an additional £100m for New Acute Medicines (total £250m for 2023/24) on a non-recurring basis by Scottish Government. This will result in an additional funding allocation of circa £7m for NHS Fife although the final amount is still to be confirmed.

6 Capital

- 6.1 The total anticipated capital budget for 2023/24 is £9.096m and is summarised in the table below. This reflects a Capital Resources Limit (CRL) of £7.764m as advised by the Scottish

Government plus anticipated allocations for a number of specific projects. The distribution of the formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The Scottish Government have indicated that capital funding availability will be limited until 2026/27 and until then the focus is to fund projects that have been approved and committed to by SG.

	Annual Budget	YTD Spend	Full Year Spend
	£'000	£'000	£'000
Statutory Compliance	1,500	25	1,500
Clinical Prioritisation Contingency	750	0	750
Capital Equipment	725	13	725
Digital & Information	1,391	183	1,391
Queen Margaret Day Case Expansion	1,114	19	1,114
Mental Health Estate Interim Programme	1,000	0	1,000
Acute Projects	700	0	700
Capital Staffing Costs	271	57	271
Capital Repayment	200	0	200
Formula Capital Reserve	113	0	113
HEPMA	1,160	0	1,160
LIMS	172	0	172
Total	9,096	298	9,096

6.2 A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this very early stage in the financial year with the majority of capital expenditure generally occurring in the latter half of the financial year due to tender lead in times.

7 Recommendation

7.1 The Board is asked to discuss and take assurance on the information provided in relation to the:

- Health Board retained reported core overspend of £7.985m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP overspend position of £2.986m
- Financial Forecast Risk Assessment
- Progress on the capital programme.

Meeting:	Fife NHS Board
Meeting date:	25 July 2023
Title:	Annual Delivery Plan 2023/24
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Approval

This report relates to:

- Annual Delivery Plan 2023/24

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft on 8 June 2023 with the Medium-Term Plan (MTP) 2023/26 due on 7 July 2023. This paper provides the committee with assurance of the delivery of the draft ADP 2023/24.

2.2 Background

The Scottish Government has developed 10 recovery drivers listed for the ADP 2023/24 below:

1. Improved access to **Primary and Community Care** to enable earlier intervention and more care to be delivered in the community.

2. Access to **Urgent and Unscheduled Care**, including scaling of integrated frailty services to reduce admissions to hospital.
3. Improving the delivery of **Mental Health** support and services reflecting key priorities set out in the upcoming Mental Health Strategy.
4. Recovering and improving the delivery of **Planned Care** – CfSD working with Boards in the delivery of four key interventions to improve delivery of planned care.
5. Delivering the National **Cancer** Action Plan (Spring 2023-2026).
6. Enhance planning and delivery of the approach to tackling **Health Inequalities** including the contribution to primary prevention through Anchors.
7. Support pace of change of **innovative healthcare and technologies**, to improve efficiency and outcomes for patients and to enable care closer to home.
8. Implementation of the **Workforce** Strategy.
9. Optimise use of **Digital & data** technologies in the design and delivery of health and care services for improved patient access.
10. Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from **Climate Change** and improve the NHS's impact on the environment.

Along with the recovery drivers described above, additional commentary was requested in the guidance as follows:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

2.3 Assessment

There are 3 submissions in relation to the ADP process: (1) draft ADP1 and (2) draft ADP2 (spreadsheet with more detailed actions, milestones and risks) were submitted on 8 June 2023 whilst the (3) draft MTP submission date was submitted on 7 July 2023.

All 3 documents remain in draft until agreed by the Scottish Government.

The ADP has been discussed and agreed at the Board committees this month.

Initial feedback has been received requesting more detail for some actions including milestones and trajectories, however, the ADP1 remains unchanged.

2.3.1 Quality/ Patient Care

Preparation and delivery of both the ADP and MTP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP/MTP process.

2.3.3 Financial

Financial planning is key to the ADP/MTP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP/MTP process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral to any redesign based on the ADP/MTP process.

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP/MTP process.

2.3.8 Route to the Meeting

EDG – 8 June 2023

Public Health & Wellbeing Committee – 3 July 2023

Clinical Governance Committee – 7 July 2023

Finance, Performance and Resource Committee – 11 July 2023

Staff Governance Committee – 20 July 2023

2.4 Recommendation

The Board is asked to:

- **Approve** the draft Annual Delivery Plan 2023/24

List of appendices

N/A

Report Contact

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Meeting:	Fife NHS Board
Meeting date:	25 July 2023
Title:	Internal Audit Annual Plan - 2023/24
Responsible Executive:	Margo McGurk – Director of Finance and Strategy
Report Author:	Tony Gaskin – Chief Internal Auditor

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Internal Audit Annual Plan for 2023/24 was approved by the Audit and Risk Committee on 23 June 2023.

It had been originally envisaged that this would be the first year of a new Strategic Internal Audit Plan 2023-28. However, NHS Fife's overall strategy, which should inform any long-term audit plan, has only recently been approved and a number of the supporting strategies and plans are still in development. In addition, the current Chief Internal Auditor is retiring and any new appointment may wish to bring in a different approach to Internal Audit Planning. Therefore, this plan has been prepared for 2023/24 only, based on the latest iteration of the Corporate Risk Register and audit intelligence gleaned from the Internal Control Evaluation 2022/23.

The FTF Partnership Board, which oversees and manages the internal audit consortium for NHS Fife, NHS Tayside, NHS Forth Valley and NHS Lanarkshire with the Health Board Directors of Finance as members, met on 29 April 2023. They decided that for 2023/24, a one year operational internal audit plan would be developed and a new 3 or 5 year strategic plan would be implemented in 2024/25. This decision factored in that services continue to return to Business As Usual following Covid, and that a new Chief Internal Auditor will be in post with effect from August 2023.

Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to produce a risk based plan, which takes into account NHS Fife's risk management framework, strategic objectives and priorities.

During 2022/23, NHS Fife has implemented a new Corporate Risk Register (CRR). The Internal Audit Annual Plan 2023/24 has been mapped to the CRR and takes into account issues identified in recent Internal Audit reports and the Internal Control Evaluation (ICE).

We have engaged initially with the Director of Finance and Strategy and with the wider Executive Directors Group (EDG) to identify any further areas where a review would add value prior to the draft plan being approved by the Audit and Risk Committee at its June 2023 meeting.

2.2 Background

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes.”

Public Sector Internal Audit Standards (PSIAS) – Section 3, Definition of Internal Auditing

The draft Annual Plan 2023/24 has been developed in accordance with Public Sector Internal Audit Standard 2010 – Planning, to enable the Chief Internal Auditor to meet the following key objectives:

- The need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;
- Provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- Audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- Improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- Effective co-operation with external auditors and other review bodies functioning in the organisation.

The internal audit service will be delivered in accordance with the Internal Audit Charter.

Our Strategic Internal Audit Plan is designed to provide NHS Fife, through the Audit and Risk Committee, with the assurance it needs to prepare an Annual Governance Statement that complies with best practice in corporate governance. We also support the continuous improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively.

2.3 Assessment

Standard process – Previous Years (Pre Covid)

Our Strategic Internal Audit planning process is normally structured around an audit universe based on a 5 year cycle which links to the Strategic Risk Register and objectives. The process overtly demonstrates cyclical coverage of all strategic risks and is designed to allow Executive Directors and the Audit and Risk Committee to contribute their views on areas for inclusion. The resultant operational plan is again overtly linked to the relevant strategic risk, which will still be the focus of our work, together with any key governance or assurance elements required in order to provide a view on the overall adequacy and effectiveness of internal controls.

As noted above, this full Strategic Planning process may be subject to amendment following the appointment of the new Chief Internal Auditor.

Current year process – 2023/24

For 2021/22 and 2022/23, the significant and ongoing impact of Covid19 on the risk profile of the organisation, meant that a planning process which relied on a relatively static risk environment and change generally occurring in the medium to long term was no longer viable. As such, we produced a flexible plan, responsive to the requirements of senior management and non executive directors and, to a certain extent, emergent as the risk profile changed.

Whilst the immediate impact of Covid is subsiding and there is a move towards resolution of the longer term consequences of Covid, the risk environment is still volatile and whilst the overall strategy has been approved, the details of NHS Fife's strategic response to these pressures, which would be understood in some detail, in order to inform the Strategic Audit Plan is still under development. In addition, as noted above, a new Chief Internal Auditor may well wish to bring in a different approach and therefore it would be sensible to allow them to develop their strategic approach for 2024/25 and beyond.

We have sought the views of Directors with emphasis on the organisations current rather than cyclical needs, focusing on emergent risks and those with most urgency and priority, as the basis for the plan.

Environmental and change risks

We actively take into account ongoing projects, forthcoming changes and our wider knowledge of the NHS to ensure we provide an appropriate level of audit coverage across all key areas and risks. This includes consideration of the following key sources of information:

- Corporate Strategy & Plans/ Recovery and Remobilisation Plans / local plans
- Themes / risks emerging from our Internal Control Evaluation work
- Previous internal audit reports
- External audit reports and plans
- Board website, internal policies and procedures
- Our NHS knowledge and experience
- Discussions with the EDG and the Audit and Risk Committee
- NHS Fife's Corporate risk profile

Assurance mapping

The Chief Internal Auditor, working with officers from NHS Fife and other client Health Boards, developed a set of Committee Assurance principles, together with a series of questions which would help Standing Committees assess the assurances they receive on risks delegated to them. These were considered and endorsed by the NHS Fife Audit & Risk Committee at its meeting in May 2021.

The Board Secretary is working with Standing Committee Chairs to ensure these are embedded within the Board's formal assurance processes and Internal Audit continue to liaise with management on the application of the principles.

Other stakeholders

There is congruence between Health Board internal audit plans and those of the Integrated Joint Board (IJB) Partner. The NHS Fife Internal Audit Plan currently includes days for internal audit of the IJB, with IJB Plan agreed with the IJB Chief Officer and Chief Finance Officers and approved by the IJB Audit Committee. The IJB Chief Officer had the opportunity to consider the Health Board Plan as a member of the EDG and there is a sharing protocol that allows for Health Board and Council Internal Audit Plans to be shared with the IJB and vice-versa.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews. The plan includes a review of the efficiency, effectiveness and timeliness of retention and recruitment systems.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews. The plan includes a review of the Financial Improvement and Sustainability Programme, including the delivery and impact of the SPRA process as well as of the work to reduce agency costs.

2.3.4 Risk Assessment/Management

The plan takes account of NHS Fife's risk profile as identified through the CRR (see appendix 2) and through our detailed ICE review. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

The plan includes attendance at and contribution to the Risk Opportunities Group and provision of expertise and advice as risk management arrangements evolve and on individual risks as required.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This approach has been agreed with the NHS Fife Director of Finance and the FTF Partnership Board. Following endorsement, the plan will be presented to the NHS Fife Audit and Risk Committee in line with the timetable outlined above.

2.3.8 Route to the Meeting

Executive Directors Group – 18 May 2023

Audit and Risk Committee – 23 June 2023

2.4 Recommendation

The Board is asked to:

- Note the Internal Audit Annual Plan for 2023/24 – Assurance.

Report Contact

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Appendix A –Operational Internal Audit Plan 2023-24

Audit Process	Scope	Rationale Mandatory/Legislation/Risk/Executive Request/ICE Issue/Internal Audit Requirement/Risk Assessed from 2022-23 Plan	Days
AUDIT MANAGEMENT			58
B01/24 - Audit Risk Assessment & Planning	Audit Risk Assessment & Operational Planning	Internal Audit Requirement	7
B02/24 - Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and other officers	Internal Audit Requirement	13
B03/24 - Liaison with External Auditors	Liaison and co-ordination with External Audit	Internal Audit Requirement	3
B05/24 - Audit and Risk Committee	Briefing, preparation of papers, attendance and action points	Internal Audit Requirement	17
B05/24 - Clearance of Prior Year	Provision for clearance and reporting of 2022/23 audit reports	Internal Audit Requirement	18
CORPORATE GOVERNANCE			
<i>Accountability and Assurance</i>			110
B06/24 - Annual Internal Audit Report	CIA annual assurance to Audit and Risk Committee	Legislation	15

B07/24 - Governance Statement	Preparation of portfolio of evidence to support	Legislation	15
B08/24 - Interim Control Evaluation	Mid-year assurance for Audit and Risk Committee on specific agreed governance areas	Internal Audit Requirement	40
B09/24 - Audit Follow Up	Undertaking the follow up of audit action points and provision of related reports to the Audit and Risk Committee	Legislation	40
Control Environment			45
B10/24 - Board, Operational Committees and Accountable Officer	Attendance and input / provision of advice at Standing Committees and other Groups.	Internal Audit Requirement	5
	Review of how health inequalities are considered within all Board and Committee papers	Risk CRR 2 Health Inequalities	10
B11/24 - Assurance Framework	Continuation of assurance mapping work across FTF Clients	Internal Audit Requirement	5
B12/24 - Code of Corporate Governance	Review of NHS Fife implementation of the Governance Blueprint and the complementary Committee Assurance Principles. Internal input into Board and non-executive development events.	Legislation	15
B13/24 - Policies and Procedures	Review of the process to ensure that the update of policies is risk-assessed, delivered and monitored appropriately and that updated policies are published effectively and superseded versions removed from circulation.	ICE Issue	10
Risk Management			28

B14/24 - Risk Management Strategy, Standards and Operations	Attendance and contribution to the Risk Opportunities Group. Provision of expertise and advice as risk management arrangements evolve and on individual risks as required.	Executive Request	10
B15/24 - Environmental Management	Operational and financial planning by NHS Fife to meet Environmental legislation including the net zero target. Structures in place to monitor progress and compliance with legislation.	Risk CRR4 - Policy obligations in relation to environmental management and climate change	18
Health Planning			90
B16/24 - Strategic Planning	Review of structures and systems to deliver and monitor plans and strategies to implement and support the delivery of the recently approved Population and Health Wellbeing Strategy. Review of the revision of Performance Management targets and arrangements to ensure that they provide meaningful information on both the delivery of the strategy and risks to its delivery.	Risk CRR 1 - Population Health and Wellbeing Strategy Risk CRR 5 – Optimal Clinical Outcomes	20
B17/24 - Operational Service Planning	Review of the delivery and actions arising from the Discharge Without Delay national programme for delayed discharges.	Risk Assessed from 2022-23 Plan Risk CRR 6 – Whole System Capacity	25
B28/24 - Health & Social Care Integration	Deliver Fife IJB Internal Audit Plan	Internal Audit Requirement	35*
CLINICAL GOVERNANCE			20
B29/24 - Clinical Governance Committee	Review of the governance and risk arrangements for Cancer Waiting Times programmes.	Risk CRR 8 – Cancer Waiting Times	10
B30/24 - Medicines Management	The Medicines Assurance Audit Plan (MAAP) is delivered and monitored by the Safe and Secure Use of Medicines - Policy and Procedures Group (SUOMG). The Director of Pharmacy has requested	Executive Request	10

	that internal audit undertake one review each year from the MAAP reviews which is identified by the Safer Use of Medicines Group		
STAFF GOVERNANCE			20
B31/24 - Workforce Planning	Efficiency, effectiveness and timeliness of retention and recruitment systems (including timeliness).	Operational Risk 2214 - Nursing & Midwifery Staffing Levels which is associated with CRR 11 - Workforce Planning and Delivery, and CRR 12 - Staff Health and Wellbeing	20
FINANCIAL GOVERNANCE			
<i>Financial Management</i>			35
B32/24 - Efficiency Savings	<p>Review of the Financial Improvement and Sustainability Programme including the delivery and impact of the SPRA process.</p> <p>A deep dive review of the control procedures and policies in place governing the employment of bank and agency staff is <u>to</u> be undertaken by NHSF. Internal Audit will review the use of supplementary staffing to provide assurance that procedures and policies are being adhered to.</p>	Risk - CRR 13 - Delivery of in-year financial position and CRR 14 - Delivery of recurring financial balance over the medium term	35
<i>Transaction Systems</i>			25
B33/24 - Financial Process Compliance	Review of travel and accounts receivable.	Internal Audit Requirement	10

B34/24 - Patients Funds/Endowments	Review ward/service level financial control compliance, focusing on remediation of issues identified by the relevant External Auditors.	Internal Audit Requirement	15
INFORMATION GOVERNANCE			32
B35/24 - Information Assurance	Planning for, and implementation of, revised Public Sector Cyber Resilience Framework.	Internal Audit Requirement / Risk - CRR 18 - Digital and Information and CRR 17 Cyber Resilience	18
	Follow up of ICO recommendations from recent ICO visit		
B36/24 - Digital	Review of the benefits realisation of eHealth investment, for example Near Me.	Internal Audit Requirement / Risk - CRR 18 - Digital and Information	14
Total Days for 2023/24 Internal Audit Plan			463

* Dependent on Fife Council contribution.

Appendix 2 – NHSF Corporate Risk Register at 31 March 2023

CRR No.	Strategic Priority / Risk Appetite	Risk Appetite Assessment	Description	Current Score/Target Score	Owner/Committee	Internal Audit Review
1.	To Improve health and Wellbeing HIGH	High	Population Health and Wellbeing Strategy (PHWS) There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	Moderate 12/ Moderate 8	Chief Executive/Public Health and Wellbeing Committee (PHWC)	B14/23 Strategic Planning B16/24 Strategic Planning
2.	To Improve health and Wellbeing HIGH	High	Health Inequalities There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	High 20/Moderate 10	Director of Public Health/PHWC	B10/24 Board and Operational Committees
3.	To Improve health and Wellbeing HIGH	High	COVID 19 Pandemic There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease ,including death in a minority of the population.	Moderate 12/ Moderate 12	Director of Public Health / Clinical Governance Committee (CGC)	-
4.	To Improve health and	High	Policy obligations in relation to environmental management and climate change There is a risk that if we do not put in place robust	Moderate 12 / Moderate 10	Director of Property and Asset Management /	B15/24 – Environmental Management

	Wellbeing HIGH		management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'		PHWC	
5.	To Improve health and Wellbeing HIGH	High	Optimal Clinical Outcomes There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.	High 15 / Moderate 10	Medical Director / CGC	B16/24 Strategic Planning
6.	To Improve the Quality of Health and Care Services MODERATE	Above	Whole System Capacity There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.	High 20 / Moderate 9	Director of Acute Services / Finance, Performance and Resources Committee (FPRC)	B17/24 Operational Service Planning
7.	To Improve the Quality of Health and Care Services MODERATE	Above	Access to outpatient, diagnostic and treatment services There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.	High 16 / Moderate 12	Director of Acute Services / Finance, Performance and Resources Committee (FPRC)	-
8.	To Improve the Quality of Health and Care Services MODERATE	Above	Cancer Waiting Times (CWT) There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.	High 15 / Moderate 12	Director of Acute Services / Finance, Performance and Resources Committee (FPRC)	B19/24 Clinical Governance Committee

9.	To Improve the Quality of Health and Care Services MODERATE	Above	Quality & Safety There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.	High 15 / Moderate 10	Medical Director / CGC	B19/21 Clinical Governance Strategy and framework
10.	To Improve the Quality of Health and Care Services MODERATE	Above	Primary Care Services There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.	High 16 / High 16	Director of Health and Social Care / PHWC	-
11.	To Improve Staff Experience & Wellbeing MODERATE	Above	Workforce Planning and Delivery There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	High 16 / Moderate 8	Director of Workforce / Staff Governance Committee (SGC)	B17/23 Workforce Planning B31/24 Workforce Planning
12.	To Improve Staff Experience & Wellbeing MODERATE	Above	Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	High 16 / Moderate 8	Director of Workforce / Staff Governance Committee (SGC)	B17/23 Workforce Planning B31/24 Workforce Planning
13.	To Deliver Value and sustainability MODERATE	Above	Delivery of a balanced in-year financial position There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government.	High 16 / Moderate 12	Director of Finance and Strategy / FPRC	B32/24 Efficiency Savings

14.	To Deliver Value and sustainability MODERATE	Above	Delivery of recurring financial balance over the medium-term There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.	High 16 / Moderate 12	Director of Finance and Strategy / FPRC	B32/24 Efficiency Savings
15.	To Deliver Value and sustainability MODERATE	Within	Prioritisation & Management of Capital funding There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.	Moderate 12 / Moderate 8	Director of Property and Asset Management / FPRC	-
16.	To Deliver Value and sustainability MODERATE	Within	Off-Site Area Sterilisation and Disinfection Unit Service There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.	Moderate 12 / Low 6	Director of Property and Asset Management / CGC	-
17.	To Deliver Value and sustainability MODERATE	Above	Cyber Resilience There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.	High 16 / Moderate 12	Medical Director / CGC	B35/24 Information Assurance
18.	To Deliver Value and sustainability MODERATE	Above	Digital & Information There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.	High 15 / high 15	Medical Director / CGC	B36/24 Digital

Meeting: Fife NHS Board

Meeting date: 25 July 2023

Title: Primary Care Strategy

Responsible Executive: Chris McKenna, Medical Director
Nicky Connor, Director of Health and Social Care Partnership

Report Authors: Lisa Cooper, Head of Primary and Preventative Care Services, HSCP
Carol Bebbington, Consultant

1 Purpose

This report is presented for:

- Discussion
- Decision

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (HSCP) and NHS Fife Medical Director to support delivery of excellent high quality accessible and sustainable services for the population of Fife.

The Primary Care Strategy is one of the key strategies supporting delivery of Fife HSCP vision for the people of Fife to live independent and healthier lives. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

The strategy focuses on recovery, quality and sustainability of primary care services to ensure we have a resilient and thriving primary care at the heart of an integrated health and social care system.

This SBAR accompanies the draft strategy for discussion.

2.2 Background

Primary Care is normally a person's first point of contact with the NHS and is where most patient contacts occur. A good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early intervention/ detection of disease and harm.

Primary care covers a wide range of services including General Medical Services, Community Pharmacy, Optometry, and Primary Care Dental Services.

General practices, optometrists, pharmacists, and dentists are mostly independent contractors who provide services in line with nationally negotiated contracts.

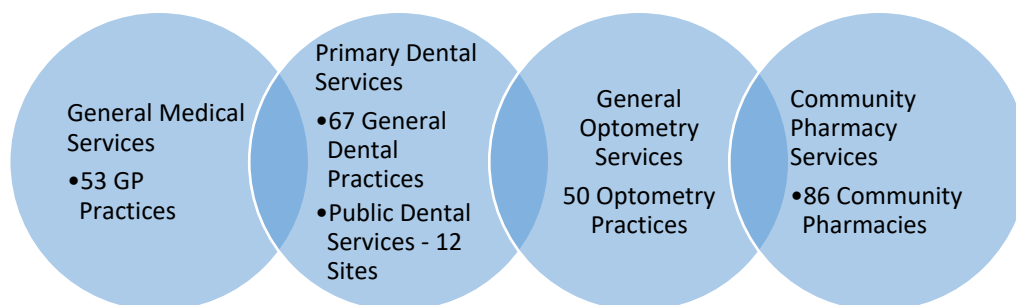


Figure 1 Primary Care Services

The Scottish Government Health and Sport Committee reported on their national work on *What should primary care look like for the next generation ? (2021)* which identified 5 key areas for development:-

1. Workforce and ways of working
2. Patient centred approach
3. Preventative focus
4. Community wide approach to wellbeing
5. Use of data and technology

A strategic needs assessment was undertaken to develop this strategy which identified the following themes:



Figure 2 Primary Care Strategic Themes

Primary Care faces a range of challenges in common with other parts of the health and social care system and some specific challenges to different components:

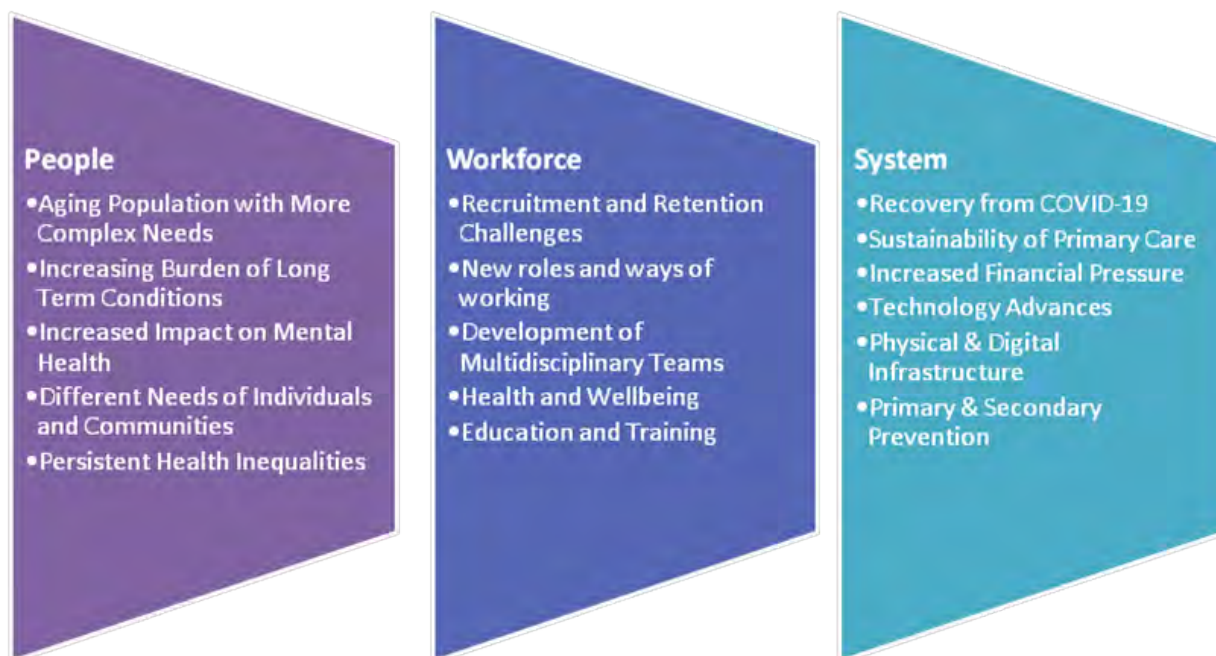


Figure 3 Challenges affecting Primary Care Services

Demographic challenges mean our population is aging and living longer with more complex needs and there are persistent inequalities affecting population health and wellbeing. The working age population is shrinking and there are challenges in recruitment and retention of staff across multiple disciplines. The Covid -19 pandemic has had a significant impact on primary care services requiring changes to the way care is delivered and how people access services as well as having an adverse impact on population health and wellbeing.

2.3 Assessment

Our Vision

Primary care will be at the heart of the integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

Strategic Focus

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.

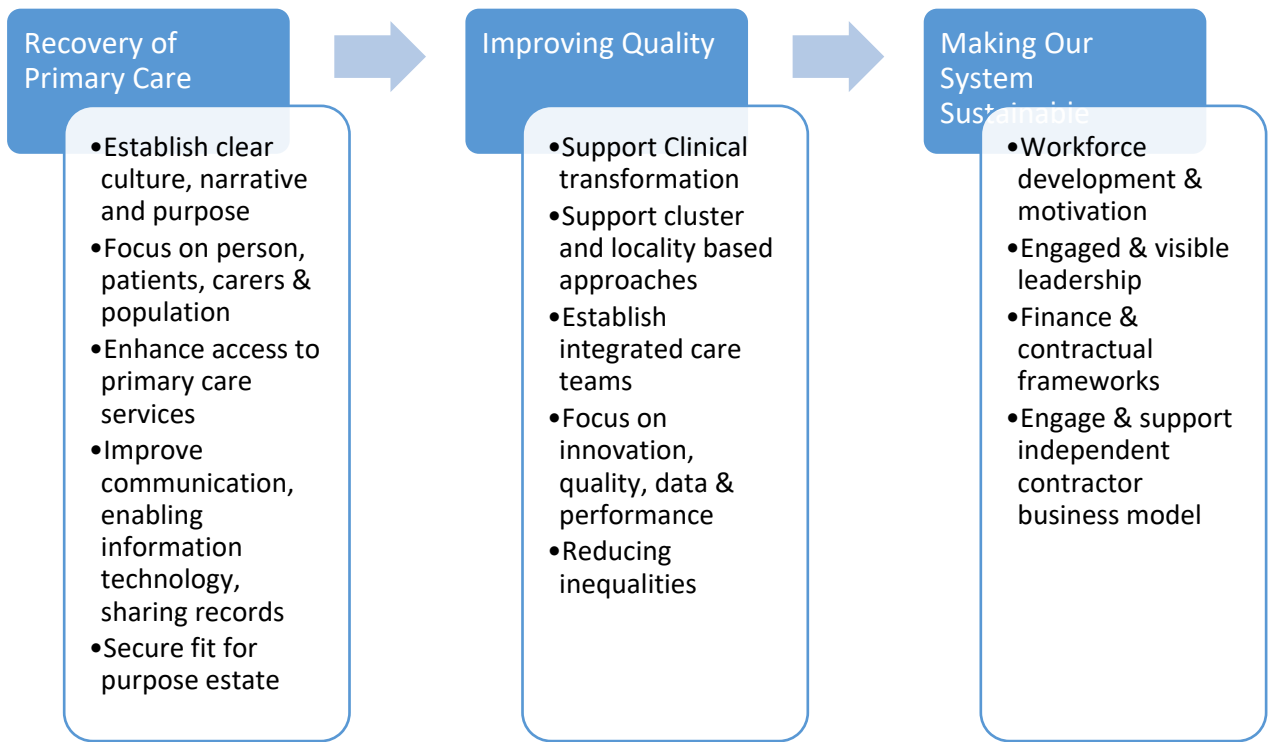


Figure 4: Strategic Focus

Our Primary Care Priorities

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Five and Five HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

The strategy is underpinned by the following core principles:



Figure 5 Core Principles

The following key enablers are critical for implementation of the strategy

- Workforce
- Premises
- Digital Technology
- Finance
- Communication

An overarching delivery plan and 3 year action plan have been developed to support implementation.

2.3.1 Quality / Patient Care

The core principles underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

2.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing will underpin the strategy and will be key for success

2.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements and set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors.

There is a significant funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

The National Code of Practice for GP premises (2017) describes the planned transition over a 25 year period to a model where GP contractors no longer own their own premises. A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities.

The Primary Care Strategy will support achievement of the medium term financial strategy including:

- Ensuring Best Value - ensure the best use of resources
- Whole system working - building strong relationships with our partners
- Prevention and early intervention - supporting people to stay well and remain independent

- Technology first approach - to enhance self-management and safety
- Commissioning approach - developing third and independent sectors
- Transforming models of care - to support people to live longer at home, or a homely setting
- Prescribing - reduce medicines waste and realistic prescribing

2.3.4 Risk Assessment / Management

Primary care services are an integral part of a well-functioning healthcare system. Development of the Primary Care Strategy supports a collaborative whole systems approach across NHS Fife and Fife HSCP to provide services that are safe and accessible and reflect the needs and demands of the population.

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services.

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

A performance and assurance framework is in development incorporating both qualitative and quantitative indicators to support implementation and reporting on progress of the strategy.

The key risks relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

A detailed risk register will be developed to support implementation of the strategy.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Both Fife HSCP and NHS Fife recognise that Primary Care Contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of our anchor ambitions.

An Equality Impact Assessment Stage 1 has been completed and is attached as appendix 3. This identifies that the strategy will delivery positive change across Fife for staff, patients, and the public overall. When implemented the strategy will improve access to services and reduce the risks associated with health inequalities and long-term conditions. EQIA will continue to be undertaken at implementation of the strategy is progressed.

2.3.6 Climate Emergency & Sustainability Impact

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

2.3.7 Communication, involvement, engagement and consultation

The strategy development has been informed through a range of activity including: -

- Consultation output on the Health and Social Care Partnership's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy;
- Evidence from the Health and Care Experience Survey (2022): 27% response rate in Fife with over 8000 respondents;
- National report on *What should primary care look like for the next generation?* Including output from public panels- one of which was held in Dunfermline- and 2500 survey responses including views from the Scottish Youth Parliament who are aged 12-25 years;
- Local stakeholder engagement on the Vision, Priorities and Deliverables including online survey, 3 online events and public representative forums (156 responses); Individual stakeholder meetings.

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan. Further detail is contained within Appendix 2.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan.

A summary version of the Primary Care Strategy has been developed and is included at appendix 4.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups and committees of the Health Board as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- HSCP Senior Leadership Team 12 June 2023
- Executive Directors Group 22 June 2023
- Public Health and Wellbeing Committee, 3 July 2023
- Staff Governance Committee, 20 July 2023

2.4 Recommendation

NHS Fife Board is asked to:

Discuss the contents of the strategy and this SBAR and be assured that this has been developed with executive oversight involving the Medical Director, Director of Pharmacy and Medicines, Director of Property and Asset Management and Director of Public Health. This was

considered in detail at the public health and wellbeing committee and staff governance committee where it was supported for progression to the Board.

Note the development of a Performance and Assurance Framework has commenced, and this will report to future Public Health and Wellbeing Committees.

Endorse the Fife Primary Care strategy which is aligned to the population health and well-being strategy and supports the boards statutory duty for primary care provision.

Note that this strategy is being presented to the Integration Joint Board in recognition of the responsibilities for Primary Care also held by the IJB.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 Fife Primary Care Strategy 2023-26
- Appendix No. 2 Participation and Engagement Feedback Report
- Appendix No. 3 Equality Impact Assessment Stage 1 Report
- Appendix No. 4 Fife Primary Care Strategy 2023-26 Summary Version

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Fife Primary Care Strategy 2023-2026

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Forward

This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision *for the people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

Primary Care is the cornerstone of our health and social care system. We know that strong primary care services are cost effective, deliver positive outcomes, are accessible in local communities and are the first point of contact for people accessing healthcare. This is critical to supporting early intervention and addressing health inequalities and supporting people with more complex needs including long term conditions in their own communities.

Across general practice, community pharmacy, dentistry and optometry services thousands of people are in touch with primary care services every week and those services work in partnership with a much wider team across different professions, sectors and agencies.

The pandemic has had a significant impact on everyone's lives and we have all had to adapt and respond to the greatest personal and collective challenge many of us have ever faced in our lifetimes. We recognise the incredible commitment of staff within primary care and the teams that support and are aligned to primary care that have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe. We also recognise the outstanding contribution of unpaid carers and the impact of living with and recovering from the pandemic has had on people receiving health and social care support. The ambition in this strategy is focused on the recovery, quality and sustainability of primary care services in order to support access, continuity of care and the primary care workforce and the people of Fife.

The experience of patients, staff and those who are cared for through our services are at the heart of what matters. We recognise our primary care services are ideally placed to develop continuously supportive and enabling relationships with people and supporting them to make shared decisions about their care and helping them to manage their own health and wellbeing. We would like to thank everyone involved in developing this strategy for their commitment, innovative ideas and desire for positive change and for sharing what matters to them.

This strategy and delivery plan outlines our ambitious programme to support the recovery and transformation of our primary care services to ensure we have a resilient and thriving primary care at the heart of our integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.



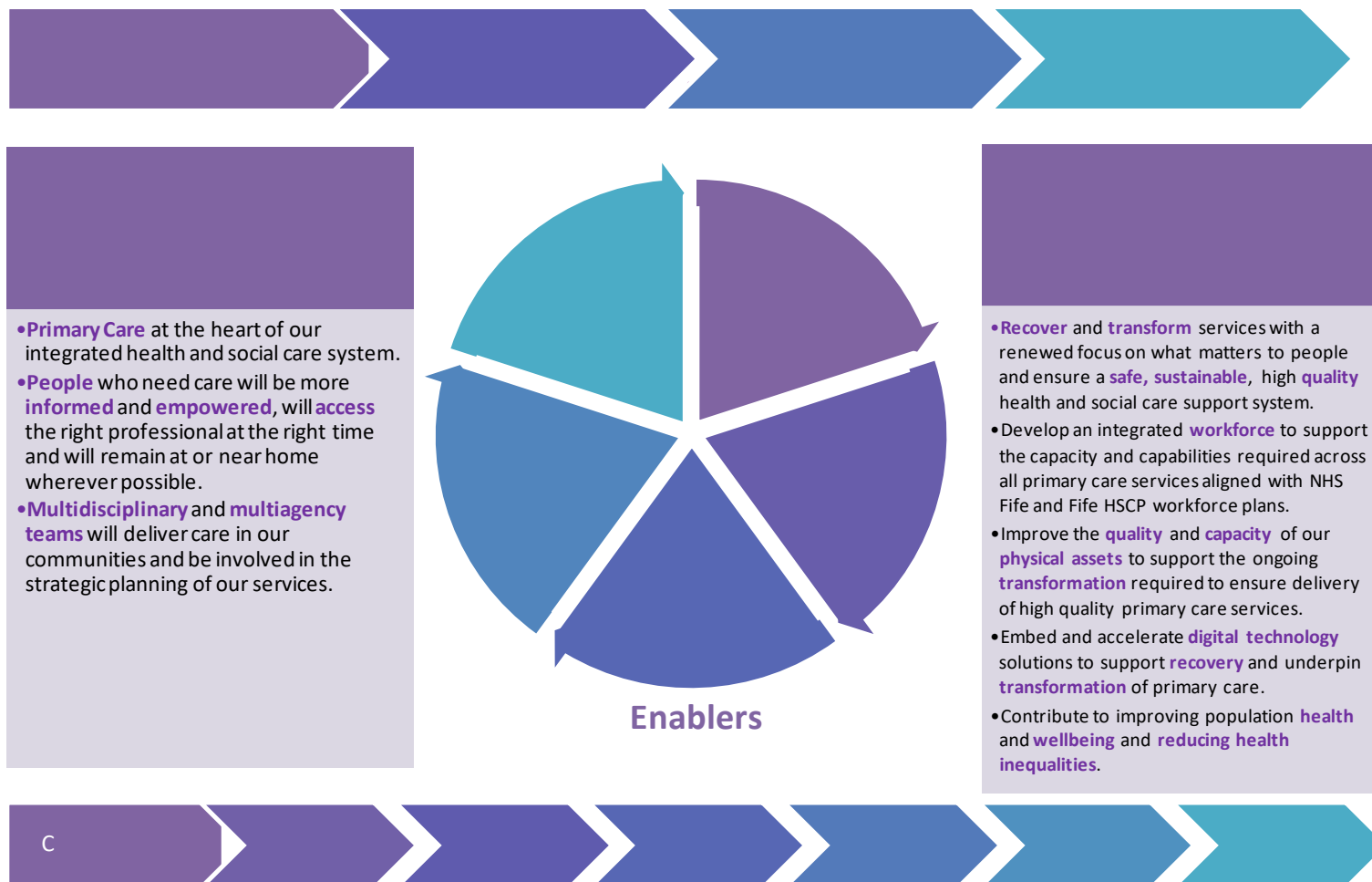
Dr Chris McKenna
Medical Director
NHS Fife



Nicky Connor
Chief Officer IJB
Director Health & Social Care

Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



Introduction

Primary care services are an integral part of a well functioning healthcare system and its influence on population outcomes and the function of the wider health and social care system cannot be overstated. Primary care is an individual's most frequent point of contact with the NHS and covers a wide range of services including:



Figure 1: Primary Care Services

This strategy recognises the importance of self care and self management. Most of the time, people use their own personal and community assets to manage their health and wellbeing to achieve the outcomes that matter to them. Primary care professionals provide accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.

The scope of this strategy includes General Medical Services, Primary Care Dental Services including General Dental Services and the Public Dental Service, Community Pharmacy Services and Community Optometry Services (High Street Opticians).

Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership (HSCP) to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.

National and Local Context

The Public Bodies (Joint Working) (Scotland) Act 2014¹ requires local authorities and health boards to work together to integrate health and social care services. With a greater emphasis on joining up services and focusing on anticipatory and preventative care, integration aims to improve care and support for people who use services, their carers and their families.

The Council and Health Board working together to deliver these services is known as health and social care integration. Fife Integration Joint Board (IJB) is responsible for the planning and delivery of integrated arrangements and delegated functions in Fife which includes all aspects of Primary Care. The HSCP is the public facing aspect of the IJB and bring together employees of both organisations to work in partnership to deliver health and social care services (Figure 2).

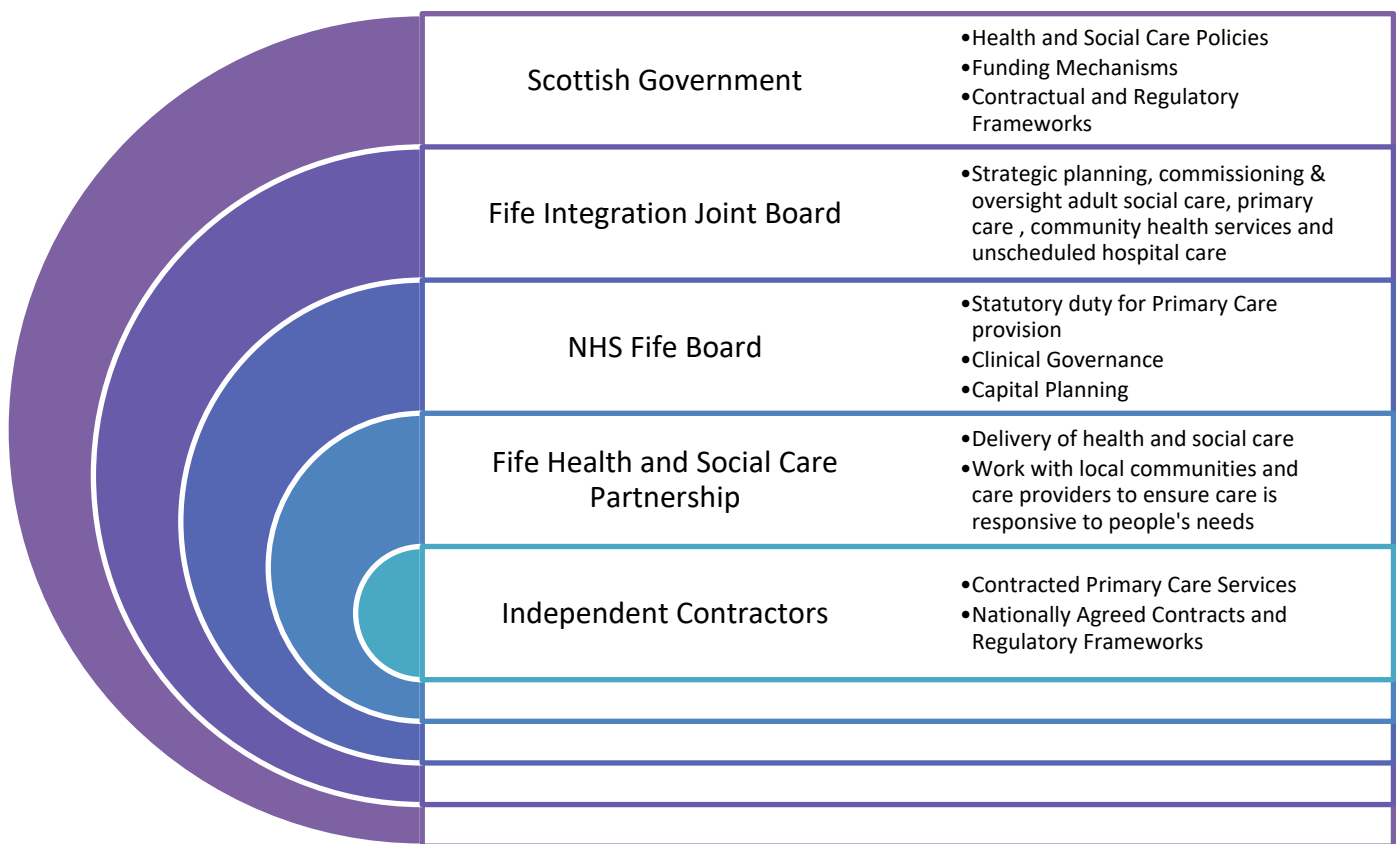


Figure 2: National and Local Context for Primary Care Services

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks (Figure 3).

¹ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

General Medical Services	General Dental Services	Pharmaceutical Services	General Optometry Services
<ul style="list-style-type: none"> •Primary Medical Services (Scotland) Act 2004 •The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 	<ul style="list-style-type: none"> •National Health Service (General Dental Services) (Scotland) Regulations 2010 and Amendment Regulations 2019 	<ul style="list-style-type: none"> •The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 and Amendment Regulations 2021 •Scottish Drug Tariff 	<ul style="list-style-type: none"> •The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 and Amendment Regulations 2018 •The National Health Service (Optical Charges And Payments) (Scotland) Regulations 1998 and Amendment Regulations 2023

Figure 3: Primary Care Contract and Regulatory Framework

Fife HSCP has set out the future direction of all health and social care services across Fife within their Strategic Plan². This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership’s Strategic Plan and achievement of their vision *for the people of Fife to live independent and healthier lives* and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife’s Population Health and Wellbeing Strategy³ and their four strategic priorities to:

- Improve health and wellbeing;
- Improve the quality of healthcare;
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife⁴ which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between primary, secondary and social care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

² www.fifehealthandsocialcare.org/publications

³ [Living well working well and flourishing in Fife \(nhsfife.org\)](http://livingwellworkingwellandflourishinginFife.nhsfife.org)

⁴ Plan-for-Fife-2017-2027.pdf

Policy Context

Primary Care has a central role in providing and coordinating care around the needs of local communities and making sure the care provided is the right care for an individual and is sustainable⁵. This approach supports person centred holistic care, minimises unwarranted variation and reduces inequalities which underpin the principles of Realistic Medicine⁶. This supports innovative ways to improve the way healthcare is delivered through value based health and care models to support a more sustainable health and care system⁷.

The National Health and Social Care Workforce Plan: Part Three⁸ focuses on improving workforce planning for primary care to support improvement and sustainability of primary care services, promote prevention and self management and development of new models of care. The future primary care workforce will have further enhanced and expanded multi-disciplinary teams. This will ensure the primary care workforce is made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities.

The Scottish General Medical Services Contract⁹ and its associated Memorandum of Understanding committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care. It aimed to improve population health, reduce health inequalities and reduce General Practitioner (GP) workload through expansion of the multidisciplinary team and further development of GP clusters.

General practices are supported by primary health care teams, including community nursing, mental health and allied health professionals, to provide effective response to local health care needs. The planned expansion of the multidisciplinary team will enable clinical work previously undertaken by GPs to be delivered safely and effectively by other members of the multidisciplinary team and allow GPs to develop their role as expert medical generalists focusing on undifferentiated presentations, complex care, quality and leadership. The multidisciplinary team comprises a wide cohort of professional roles including nursing, pharmacy, paramedics, and allied health professionals.

Seven key principles underpin the expansion of the multidisciplinary team to ensure new roles and service provision is safe, person-centred, equitable, outcome focussed, effective, sustainable and affordable and represent value for money. The agreed priorities for implementation of the contract include:-

- Vaccination Transformation Programme;
- Pharmacotherapy;
- Community Treatment and Care Services;

⁵ [A National Clinical Strategy for Scotland - Summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁶ [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

⁷ [Delivering Value Based Health & Care: A Vision For Scotland \(www.gov.scot\)](http://www.gov.scot)

⁸ [National health and social care workforce plan: part three - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁹ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Urgent Care;
- Additional Professional Roles; and,
- Community Link Workers.

GP Clusters are professional groupings of general practices with each practice represented by their Practice Quality Lead. The GP Clusters are aligned to the seven localities in Fife which supports strong multiagency working. The leadership of the Cluster Quality Lead (CQL) is essential to facilitating quality improvement work across the clusters and liaison with locality and professional structures. The CQLs work together, with protected time, to improve the quality of care for their local populations and contribute leadership to the development and planning of integrated care which will support quality improvement and reduce health inequalities.¹⁰

The Oral Health Improvement Plan¹¹ provides the overarching framework for the development of NHS dental service provision in Scotland. The programme of work aims to improve child oral health, access to NHS dental services, reduce oral health inequalities, meet the needs of an aging population, deliver more services in the high street, and improve information for patients and quality assurance and improvement.

Achieving Excellence in Pharmaceutical Care¹² sets out Scotland's strategic plan to transform the role of pharmacy across all areas of pharmacy practice, increase capacity and offer the best person centred care. Pharmacy teams are an important part of the workforce with specialist skills and expertise in medicines. The plan focuses on improving NHS pharmaceutical care services including delivering safer use of medicines and enabling NHS pharmaceutical care transformation through developing the capability and capacity of the pharmacy workforce, developing a digitally enabled infrastructure and planning delivery requirements for sustainable pharmaceutical care services.

Optometry services have developed since the introduction of free eye examinations in 2006 to the services being the first port of call for people with eye problems. The Community Eyecare Services Review (2017) highlighted areas of good practice and made recommendations to develop services to facilitate the care of patients safely in the community through local schemes supporting, for example, anterior eye conditions, post surgery cataract care, glaucoma and low vision services. It also recognised that those living in challenging circumstances are less likely to attend for regular eye examinations and recommended that local initiatives promoting a wider appreciation of eye health, the vital role of community optometry in the early detection of eye disease and for unplanned and emergency eye care, need to be supported and new ways of working developed to promote accessibility.

¹⁰ [PCA \(M\) \(2019\)08 - National guidance for clusters. A resource to support GP clusters and support improving together \(scot.nhs.uk\)](#)

¹¹ [Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

¹² [Achieving excellence in pharmaceutical care: a strategy for Scotland - gov.scot \(www.gov.scot\)](#)

General Challenges

As described in the Fife Health and Social Care Strategic Plan and NHS Fife Population Health and Wellbeing Strategy, the whole system faces significant challenge. The challenges facing Primary Care in common with other parts of the health and social care system are summarised in Figure 4.

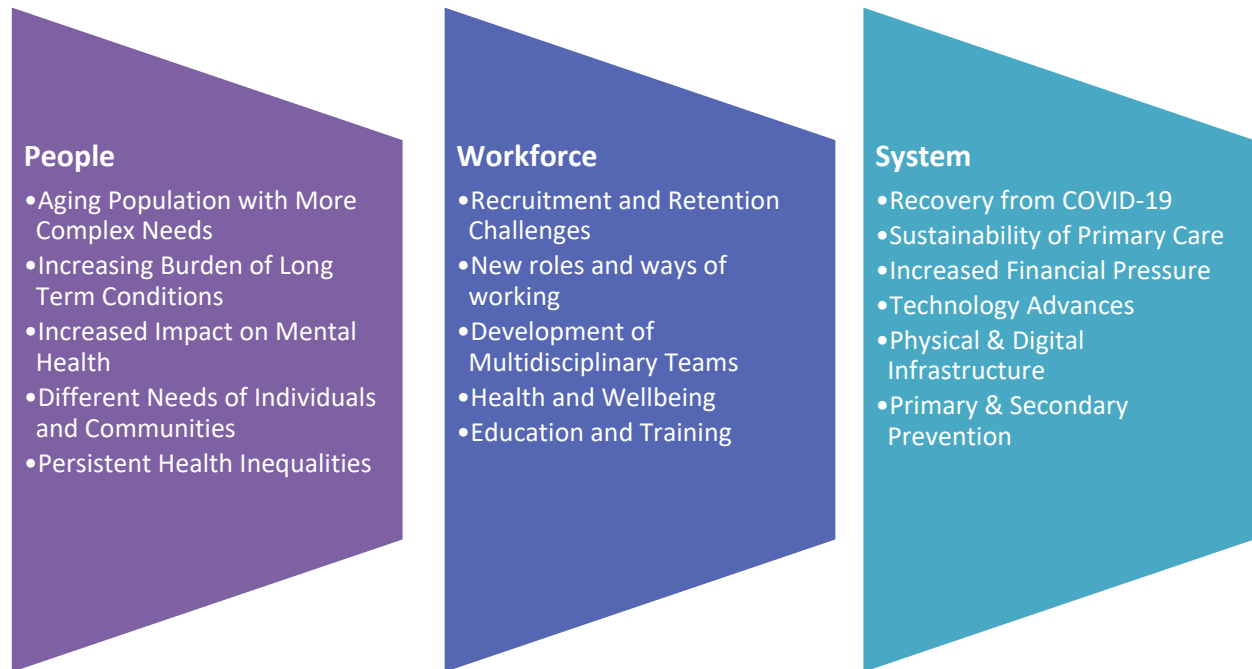


Figure 4 Challenges Affecting Primary Care Services

Changing Population

The population of Fife is aging and living longer with more long term conditions and complex care needs. The projected growth in the over 65 population will create additional demands for services and place a growing demand on unpaid carers. At the same time the working age population is shrinking which will have an impact on the whole health and care system (Figure 5).

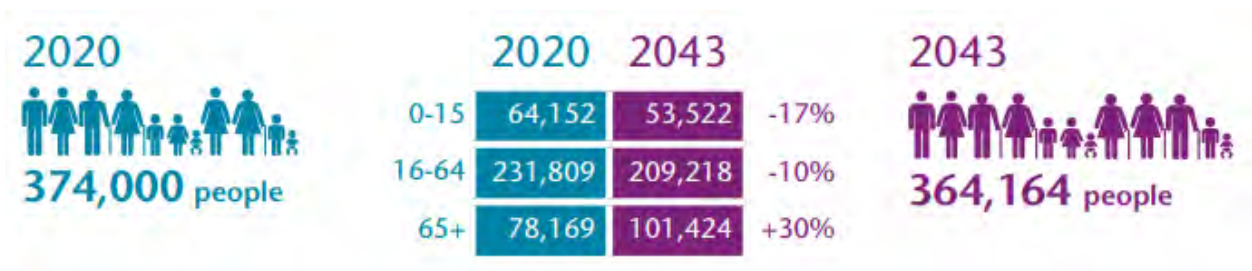


Figure 5 Projected population change in Fife 2020-2043

There are significant housing developments across Fife which will attract new populations and change the makeup of communities. This population growth will have a direct impact on all public services and increase demand for health and social care.

Carers

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets. Unpaid carers make a significant and highly valued contribution to supporting people in need in Fife. All partners are committed to working collaboratively to support carers and achieve the ambitions within the Carers Strategy¹³. The local knowledge of primary care practitioners and their relationships with individuals, their families, carers and communities means they can play a key part in ensuring carers have the information, advice and guidance they need, can direct them to available practical support, and contribute to them having a more positive experience.

Covid-19 Pandemic

The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff adding to the challenges already being faced by the health and care system and it will be some years before the full legacy is understood.

This has been a very challenging period with limited access to and delivery of some services resulting in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate.

In addition to the overall impact on population health and wellbeing the way people access services and how care is delivered has changed, for example, innovative use of digital technology has enabled provision of flexible services and alternative models of care to support people.

The pandemic continues to require the workforce to operate in an agile and dynamic way using a range of technologies to meet the daily challenges whilst ensuring people are safe and have their care needs met.

Mental Health

Good mental health is essential in achieving and improving outcomes for individuals and families. The growing demand for mental health care was a challenge pre pandemic with primary care often the first point of contact in supporting people experiencing and living with mental ill health and responding to people experiencing trauma and distress.

GPs play an important role in the protection of vulnerable adults, undertaking assessments to determine capacity through the Adults with Incapacity (Scotland) Act 2000, through interventions made under the Mental Health (Care and Treatment) (Scotland) Act 2003, and where intervention may be required to protect someone from harm under Adult Support and Protection (Scotland) Act 2007. In each of these areas health, social work, and social care colleagues work together to ensure human rights are upheld while appropriate safeguards are put in place to enable individuals to remain safe and as well as they can be.

¹³ [Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf \(fifehealthandsocialcare.org\)](#)

Together with the HSCP's Mental Health Strategy this strategy supports the promotion of good mental wellbeing, prevention of poor mental health and distress, and provision of appropriate care and support locally and aligns with the National Mental Health Strategy priorities to prevent, promote and provide mental health care.

Health Inequalities

Health inequalities are caused by a wide range of factors which influence health and wellbeing. The rise in the cost of living, including fuel, energy, and food, is increasing the pressure on people, particularly those already facing financial hardship. In addition, there are different challenges across and within Fife's seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Significant health inequalities exist and persist within the Fife population.

- In 2016-2020 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived for males and 8 years lower among females.
- The most deprived areas have 35% more deaths and approximately double the number of early deaths (aged 15 to 44) than the Fife average.
- Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland.
- The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat hospitalisations in the same year than the Fife average.

Socioeconomic deprivation and cost of living pressures are the main drivers affecting people's health. Each of Fife's localities contains geographies which have higher levels of need and therefore it is important to consider the impact of place on people when planning services¹⁴.

Workforce

The demographic of the workforce, changes in training, training gaps due to the pandemic and development of new and specialist roles are all impacting on the availability and recruitment and retention of key staff.

Finance

Demand for health and social care services is increasing whilst the available financial resource is under significant pressure. Making the best use of resources by redesigning services and doing things differently will be essential to meet the future health and care needs of the population.

There is a challenge between the planned projections of the workforce required and the available funding to fully implement the Primary Care Improvement Plan. This is a high level corporate risk and one of the key drivers in development of this strategy to ensure delivery of sustainable and effective primary care services. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

¹⁴ [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf](https://www.nhs.uk/press-releases/2021/02/22/nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf) (nhsfife.org)

There is limited access to capital funding to support premises development which may impact on future capacity for service delivery. In developing models of care how existing resources can be used to maximise clinical space and optimise accessibility needs to be carefully considered.

Digital Infrastructure

Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient and effective way when needed; for example, use of *Near Me* video technology for consultations, access to therapies websites and technology enabled care. Alignment with NHS Fife and Fife HSCP digital strategies will ensure connectivity and support digital approaches that remain inclusive to the needs of our workforce and population and enable equitable access to primary care.

General Medical Services

Sustainability

Sustainability of GP practices has been a national concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with general practitioner (GP) recruitment and financial security. Over the past 10 years these sustainability challenges have resulted in an overall reduction in the number of general practices in Fife and a corresponding 16% increase in the average number of patients per practice.

Currently there are 53 General Practices across Fife with an average practice population of 7,394.

Sustainability challenges have also resulted in some practices returning their contracts and currently being managed as Health Board run services. General Practices and primary care teams are greatly valued for their commitment to provision of primary care services. The HSCP will continue to work collaboratively to support the independent contractor status of General Practice.

Workforce

The Primary Care Improvement Plan set out the planned implementation of the priorities with investment supporting the expansion of the multidisciplinary team being made through the primary care transformation fund.

Significant progress has been made to date with implementation of the new contract, including the aspirations published in 2021 with a second Memorandum of Understanding.

Investments made in expanding the workforce to deliver the aims of the contract have been partially implemented however challenges remain:-

- Recruitment of staff with the skills and competencies required;
- Significant pressure on the available funding to fully implement the plan;
- Premises capacity for additional clinical and administrative accommodation for the multidisciplinary team ;

- Digital solutions to enable remote working to happen more easily whilst retaining local access; and,
- The impact of the expanded multidisciplinary teams on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy.

Progress on each of the priorities and remaining challenges is outlined in Table 1.

Transformation Priorities	Progress	Challenges
Vaccination Transfer Programme	Fully transferred	
Pharmacotherapy	Partial provision	National availability of Pharmacy workforce for delivery Financial resource No nationally agreed service specification
Community Care & Treatment Service	90% complete Full transfer expected by end 2023	
In hours Urgent Care	Partial provision Aim for full transfer by April 2024	Availability of Nursing and Paramedic workforce for delivery Financial resource
Additional professional roles	Partial provision	Availability of Advanced Practice Physiotherapists & Mental Health Nurses for delivery Financial resource
Community link workers	Link Life Fife available to all practices	

Table 1: Primary Care Improvement Plan Progress

Medical Training

General Practitioner Specialty Training

In partnership with National Education Scotland General Practitioner Specialty Training in Fife is fully supported. A breadth of relevant experience is provided through a variety of hospital placements and practice based experience within eleven GP training practices. However there are challenges in retaining general practitioners on completion of their training and there is a need to support development of portfolio career options and promote Fife as a good place to live and work.

ScotGEM

ScotGEM is a four-year graduate entry medical programme taught through a partnership between the Universities of St Andrews and Dundee in collaboration with NHS Fife. It is designed to develop doctors interested in a career as a general practitioner and focuses on rural medicine and healthcare improvement. The first cohorts graduated in 2022 and are progressing through their foundation years. At this stage it is not possible to estimate how many will become GPs in the future.

ScotCOM

NHS Fife has a strategic ambition to become a teaching Health Board. ScotCOM (Community Orientated Medicine) is a proposed medical degree which will be delivered between NHS Fife and the University of St Andrews. It is anticipated this programme will commence in 2025. Being able to provide high quality medical school placements in primary care and supporting practices to develop placement opportunities will support expansion of the future workforce and new career opportunities.

Digital Infrastructure

A programme of work is underway to standardise the clinical system used by primary care which will require investment to implement.

In addition, the design and development of the Digital Prescribing and Dispensing Pathways Programme¹⁵ is progressing with implementation anticipated to begin from 2024. The requirements for this will need to be factored into the digital health infrastructure.

Premises

Improving the quality and capacity of our physical assets will support transformation and delivery of high-quality primary care services. A primary care premises review has been undertaken which assessed the appropriateness of current primary care premises including the condition, functional suitability, utilisation, and quality of estate and identified the investment priorities to inform the updated Property & Asset Management Strategy and Primary Care Premises Strategy.

Primary Care Dental Services

General Dental Services

There are 67 independent dental practices (including 5 orthodontist practices) in Fife providing General Dental Services (GDS) through a mix of NHS and private care.

Dental Registration

Dental registration policy has changed over time and in 2010 lifetime registration was introduced. Figure 6 shows the trend in NHS dental registrations from 2006 to 2022. NHS dental registrations have been declining since 2020 as a consequence of the pandemic and workforce challenges.

Being able to register with an NHS Dentist in Fife is currently very challenging and this is also a national concern. In particular the proportion of children registered with an NHS Dentist has reduced from 93% in 2019 to 87% in 2022. Registrations are also impacted by deprivation with 85% of children living in the most deprived areas registered with an NHS dentist compared to 90% in the least deprived.

¹⁵ [About the Digital Prescribing and Dispensing Pathways programme | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/about-the-digital-prescribing-and-dispensing-pathways-programme/)

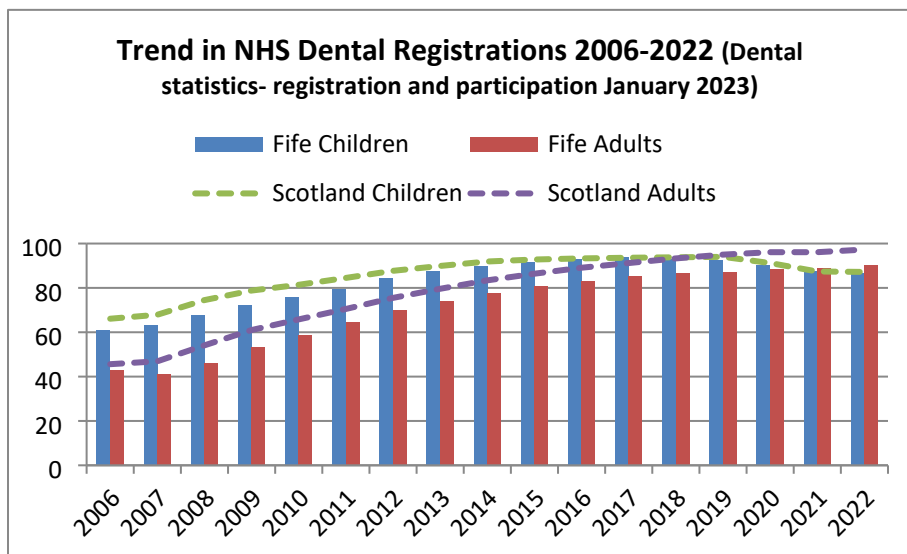


Figure 6 Trends in NHS Dental Registrations

Dental Participation

NHS dental participation is defined as contact with general dental service for examination or treatment in the 2 years prior to point of interest. Figure 7 shows the trend in participation rates. Participation rates have been affected by the lifelong registration policy from 2010; however there has been a marked reduction in participation due to the impact of the pandemic on access to dental care with only 54% of registered patients having seen an NHS dentist within the previous 2 years in 2022 compared to 74% in 2019.

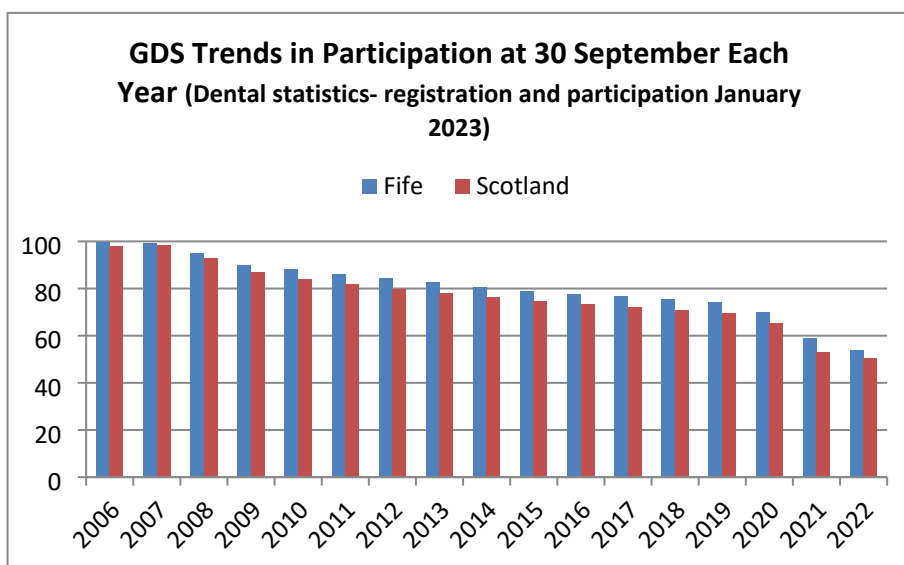


Figure 7 Trends in NHS Dental Participation

Children and adults from the most deprived areas were less likely to have seen their dentist within the last 2 years than those in the least deprived (table 2).

Table 2 Dental Participation Rates	Most Deprived	Least Deprived
Children	56.6%	74.7%
Adults	45.7%	54.1%

The main challenges impacting on dental services include:

- National and local recruitment and retention of dentists and dental care professionals;
- No dental graduates from the academic year 2020/21 due to the pandemic;
- Limited cover and access arrangements to provide urgent dental treatment for NHS patients registered with general dental practices;
- The potential impact of national reforms on sustainability.

Public Dental Services

The Public Dental Service (PDS) provides core services as well as care for priority and vulnerable groups and operates out of 12 sites in Fife including on hospital premises.

The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and also facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services via their General Dental Practitioner.

The national oral health improvement programmes are delivered by the PDS. Oral health improvement actions continue to be recovered post pandemic with a focus on reducing inequalities.

Community Pharmacy

Pharmacy services have expanded considerably over the last decade and play a crucial role in supporting people in their own homes and communities. There are 86 community pharmacies in Fife providing approximately one pharmacy per 4,300 population. The pharmacies are well distributed across the region and meet the access needs of the vast majority of the population with no large gaps identified¹⁶.

The launch and expansion of the core NHS Pharmacy First service in April 2020 promotes the role of community pharmacies as one of the first points of call for people to access healthcare advice and medicines. Other core services, universally available, include Acute Medicines Provision, Public Health, and Medication Care and Review Services for people with long term conditions.

Community pharmacies also provide a wide range of enhanced services including services to care homes, care of people with substance misuse problems, palliative care network and vital capacity in vaccination programmes.

¹⁶ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk/june2022-pharmaceutical-care-services-in-nhs-fife-2021-22)

The Pharmaceutical Care Services in NHS Fife (2022) report highlights the importance of continuing to support the development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population. Further development of local services may be impacted where the local facilities are not flexible enough to allow this to happen or where workforce challenges mean pharmacists need to focus on their core business and service.

Workforce challenges have emerged in part due to the expansion of clinical pharmacy roles working in General Practice. This service is a welcome addition to the multidisciplinary primary care team and delivers on several commitments to improving patient care. There is opportunity to focus on making best use of skill mix, including the roles of pharmacy technicians and pharmacy support workers to enable pharmacy teams embedded in GP Practices to focus on direct patient care activities, optimising their skill set.

In addition, there are challenges to the financial sustainability of community pharmacies with financial settlements being agreed through national negotiations.

Optometry Services

Optometry services are provided by High Street Opticians and are an integral part of the transformation of primary care services and the on-going development of community based care. Optometrists are trained to examine the eyes to detect defects in vision, signs of injury, ocular diseases or abnormality and problems with general health. An increasing number of community optometrists are registered independent prescribers and can issue NHS prescriptions to treat eye problems. Optometry is a stable part of our healthcare economy with national contracts facilitating both innovation and sustainability.

There are 50 optometry practices across Fife with a good distribution across the seven localities.

In 2021-22 optometrists in Fife completed 143,085 eye examinations which equates to 37.2% of Fife's population receiving an eye examination. Of those who received an eye examination 34% lived in the most deprived communities compared to 39% in the least deprived. 2.8% of examinations were completed through domiciliary visits¹⁷.

There are innovative developments within community optometry services to keep referrals for more complex conditions within the community network of optometry services therefore reducing referrals to secondary care services and providing care closer to home for our population.

A number of shared care schemes have been developed to provide enhanced local service provisions within Fife for the treatment of common eye conditions and management of chronic eye diseases such as glaucoma. These schemes have required optometrists to undertake

¹⁷ [Ophthalmic workload statistics - Statistics as at year ending 31 March 2022 - Ophthalmic workload statistics - Publications - Public Health Scotland](#)

additional accredited training and have enabled patients to be safely discharged from hospital eye care services into the community.

The Optometry Pharmacy First Pathway is working well and it is recognised that developing the referral pathway between general practice and optometry would support sharing of information and good practice.

Since 2006, significant investment has been made both through direct Scottish Government funding and by individual optometric practices in ensuring that the appropriate equipment is available to provide the relevant services and meet specific patient needs. Future development in community based eye care will need to include consideration of any related equipment and technology requirements.

Strategic Themes

A strategic needs assessment was undertaken to develop this strategy. The themes from this are identified in Figure 8.



Figure 8: Primary Care Strategic Themes

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system primary care services aim to:-

- Provide high-quality, equitable care for the population they serve;
- Prioritise those at highest risk;
- Support those with long-term conditions to self-manage these conditions as well as possible;
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm;
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife (Figure 9).

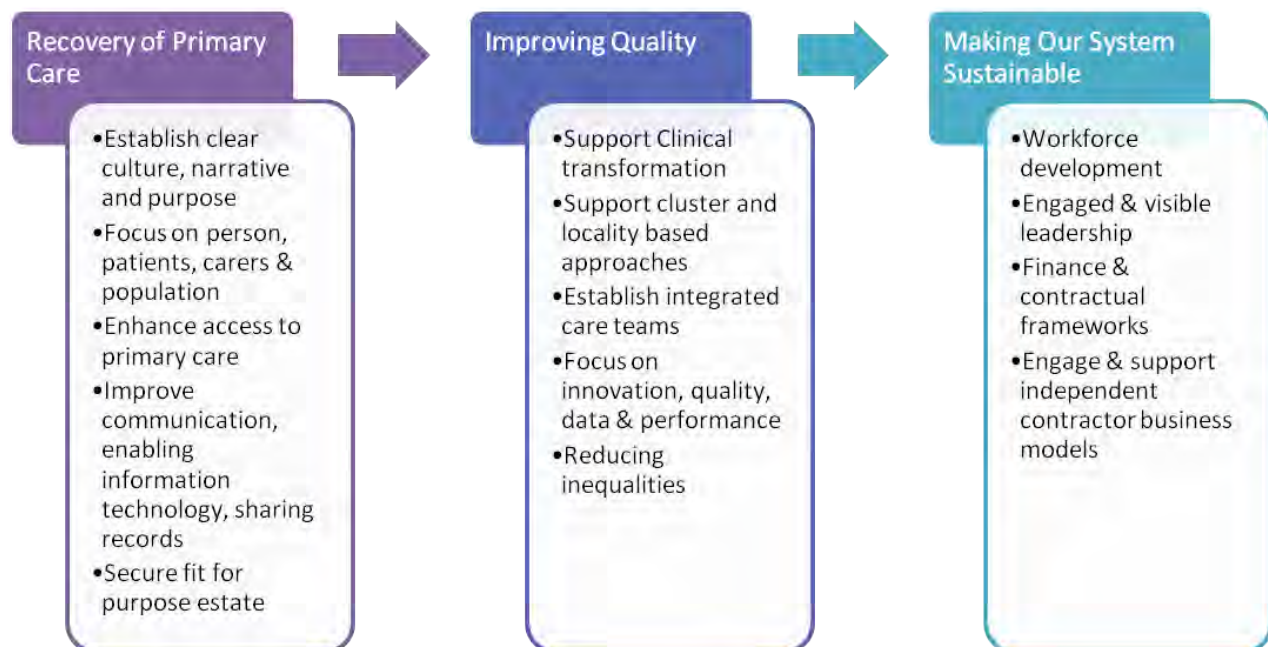


Figure 9: Strategic Focus

Our Priorities

Our Priorities:

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Our Core Principles

The core principles (figure 10) underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals. They will ensure services are as inclusive and accessible as possible, informed by clinical evidence and expert advice. Services will be delivered at an appropriate pace to reduce risk and ensure people experience high quality, safe, effective and efficient care. Locality planning and engagement with partners and communities across the system will ensure services are co designed and tailored to local need and any barriers to accessing care and support services are removed. The development of a performance, quality and assurance framework will focus on continuous improvement in delivery and access to primary care services.



Figure 10: Core principles for the strategy

Strategic Alignment

This strategy supports the delivery of local and national strategic priorities together with the nine national health and wellbeing outcomes and six public health priorities (Table 3).

Primary Care Vision	Primary care at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services					
Primary Care Priorities	Recovery safe, sustainable, high quality services	Workforce development	Quality and capacity of our physical assets	Digital First solutions for recovery and transformation	Improve health & wellbeing & reduce inequalities	
Fife HSCP Vision	People of Fife Live Independent and Healthier Lives					
Strategic priorities	Local	Sustainable	Wellbeing	Outcomes	Integration	
NHS Fife Vision	Living well, working well and flourishing in Fife					
NHS Fife Priorities	Improve Health and Wellbeing	Improve The Quality Of Health And Care Services	Improve Staff Experience And Wellbeing	Deliver Value And Sustainability		
Plan for Fife Vision	A Fairer Fife					
Plan for Fife Priorities	Opportunities for all	Thriving places	Inclusive growth and jobs	Community led services		
Delivering Value Based Health & Care Vision	To deliver value based health and care; this will achieve the outcomes that matter to people and a more sustainable system					
Value Based Health & Care Aims	Improved Outcomes and Experience		Improved Equity of Access and Transparency		Sustainability & Stewardship	
Nine National Health & Wellbeing Outcomes	People can look after their own health	Live at home or in a homely setting	Positive experience of services	Services improve quality of life	Services mitigate inequalities	
	Carers supported to improve health	People using services are safe from harm	Engaged workforce Improving Care	Efficient resource use		
Six Public Health Priorities for Scotland	We live in vibrant, healthy and safe places and communities	We flourish in our early years	We have good mental health	We reduce the use of harm from alcohol, tobacco and other drugs	We have a sustainable, inclusive economy with equality of outcomes for all	We eat well, have a healthy weight and are physically active
Table 3 Strategic Alignment of Vision and Priorities						

Anchor Ambition

Fife HSCP and NHS Fife are large organisations connected to the local communities of Fife. It is recognised that anchor institutions can make positive contributions by investing in and working locally and responsibly with others to:

- Employ people from local communities through fair and equitable employment practices and paying a living wage;
- Use our land and buildings to support local communities and influence health and wellbeing in education, housing and employment;
- Purchase goods and services locally where appropriate to support local businesses.

Both Fife HSCP and NHS Fife recognise that primary care contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of this ambition and alignment with the Fife Population Health and Wellbeing Strategy.

Our Enablers

The following enablers are critical to the successful implementation of this strategy (figure 11):

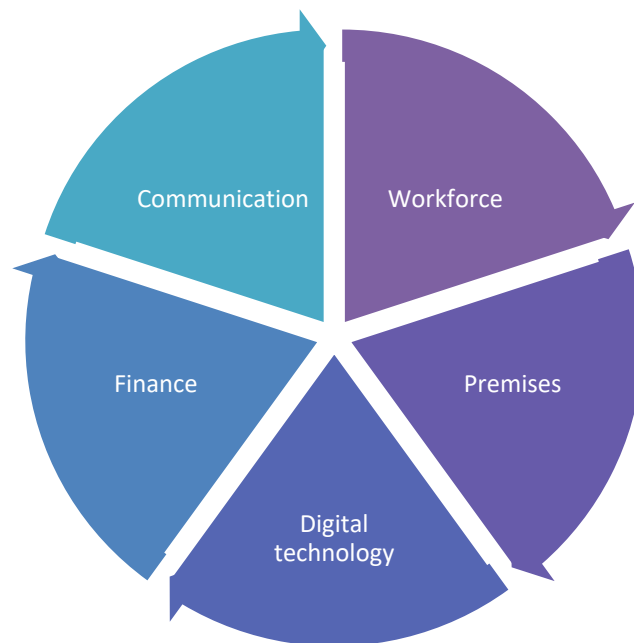


Figure 11 Key enablers

Workforce

A growing and aging population with increasingly complex health conditions needs a primary care workforce with the numbers and the breadth of skills to help people access the healthcare they need. As the front door to many other NHS services, sufficient capacity and capability in primary care is critical for people getting timely access to other parts of the health and social care system.

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Development of initiatives that encourage people to want to live and work in Fife will maximise opportunities for recruitment and retention of all healthcare professionals. Developing careers of choice can be supported, for example, developing clinical and leadership roles for GPs such as the Primary Care Clinical Lead for Cancer and Palliative Care.

Both NHS Fife and Fife HSCP workforce plans are aligned to the five pillars of the national workforce strategy, to Plan, Attract, Train, Employ and Nurture their workforce¹⁸.

These principles underpin the development of an integrated primary care workforce with commonality across all independent contractors, managed services and across the wider health and social care system including the third and independent sectors with a focus on recruitment and retention, skill mix, training and development, health and wellbeing, career pathways and succession planning.

Development of the primary care workforce will also ensure locality and cluster based models are aligned with the HSCP's strategic vision and will ensure there is a focused, targeted approach related to the individual needs of communities.

Premises

The National Code of Practice for GP Premises¹⁹ describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision, the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourages GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner.

A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review considered:-

- The appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate;
- The estate requirements to implement the Primary Care Transformation Programme;
- The investment priorities to inform the updated Property & Asset Management Strategy;
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. The development of primary care premises is being led by the Director of Property and Asset Management and aims to ensure premises have

¹⁸ [Fife-HSCP-Workforce-Strategy-and-Plan-2022-25.pdf \(fifehealthandsocialcare.org\)](#)

¹⁹ [National Code of Practice for GP premises - gov.scot \(www.gov.scot\)](#)

the capacity to deliver the full range of services supporting the transformation of primary care and improved access to functionally suitable primary and social care premises.

Engagement with partners regarding the Local Development Plan for Fife²⁰ and place based initiatives will support identification of opportunities for future developments with the aim of designing premises which support delivery of public services in shared buildings with shared facilities.

Digital Technology

Improved use of technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Although technology offers opportunities consideration needs to be given to issues related to digital exclusion and ensuring greater use of technology does not become a barrier for people.

Triage systems will continue to be developed to ensure that those with the greatest need are prioritised, and that patients are managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

The development and spread of models that allow for access and maximise use of communication technologies, for example, phone, NearMe, e-consult; will be supported to develop a system which reflects modern needs and expectations.

Collaborative working with digital colleagues in NHS Fife and partners across the health and care system will ensure alignment with NHS Fife and Fife HSCP digital strategies to support growth and embed and accelerate digital solutions to support recovery and underpin transformation of primary care.

Further investment in technologies which support self-care and self-management of long-term conditions will be required. In addition, there is a need to support the workforce and the population of Fife to increase their skills, confidence and access to digital options. These will be linked to the completion of the 2023 Digital Maturity Assessment and the HSCP Digital Strategy.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors and early engagement with Government colleagues will be important to understand any potential impacts and mitigations.

Although contracts and associated payments are determined nationally, opportunities to develop services by targeting resources, seeking innovative and dynamic approaches and delivering at scale will be supported to enable local needs to be met and deliver best value.

²⁰ [Adopted FIFEplan - Keystone \(objective.co.uk\)](https://www.objective.co.uk)

This strategy will contribute to achievement of the measures within the Medium Term Financial Strategy including:

- Ensuring Best Value - ensure best use of and working within the resources available;
- Whole system working - building strong relationships with our partners;
- Prevention and early intervention - supporting people to stay well and remain independent;
- Technology first approach - to enhance self-management and safety;
- Commissioning approach - developing third and independent sectors;
- Transforming models of care - to support people to live longer at home, or a homely setting;
- Prescribing - reduce medicines waste; promote realistic prescribing to make effective contributions to the medicines efficiency programme.

The Primary Care Improvement Fund supports delivery of the Primary Care Improvement Plan. The plan is regularly reviewed and monitored to maximise use of all available resources and track future commitments and is reported through the finance and primary care reports to the relevant committees and Integration Joint Board.

Communication

Localities provide an opportunity for communities and professionals including GPs, primary care teams, secondary care, social work and social care, nurses, allied health professionals, pharmacists and others together with the third and independent sectors, to take an active role in, and provide leadership for, local planning of health and social care service provision.

Improving communication across the interface between primary, secondary and tertiary care services and developing care pathways, shared care initiatives and working collaboratively a strong vision for service delivery can be achieved and delivery of excellent care to improve population health and wellbeing can be maximised.

Strengthening primary care and community-based provision in each locality, and promoting recovery following the COVID-19 pandemic will be underpinned through design and delivery of services and supports that are based on an understanding of what matters to people in terms of their values, outcomes and experiences.

A Fife wide primary care communication plan will promote a greater understanding of primary care services and enable people and communities to access the right care, at the right time and in the right place.

Participation and Engagement

In developing this strategy consideration has been given to the published reports of the Health and Care Experience Survey²¹, the Health and Sport Committee findings of their inquiry on

²¹[Health and Care Experience Survey - gov.scot \(www.gov.scot\)](http://www.gov.scot)

what primary care should look like for the next generation²² , the consultations supporting the development of the Partnership and NHS Fife strategic plans as well as engaging with a wide range of stakeholders. A summary report of the engagement activity is provided in appendix 2. The Health and Sport Committee report identifies five key areas for development (Figure 12).

Workforce & Ways of Working	Patient Centred Approach	Preventative Focus	Community Wide Approach to Wellbeing	Use of Data and technology
<ul style="list-style-type: none"> •GPs share responsibility with Multi-Disciplinary Team; •Improved information sharing including access/input into records; •Better management of workforce to ensure supply meets demand; •Professional career development 	<ul style="list-style-type: none"> •More flexible appointment systems for working people; •Easy and accessible signposting to other available services; •More personalised relationship with health care professional; •Better triage system to direct service users 	<ul style="list-style-type: none"> •Encourage healthy eating; physical activity •Increase mental health services; wellbeing places in schools and workplaces •More holistic policy approach on health issues e.g. education , urban planning, Infrastructure •Personal responsibility for health; •Social prescribing 	<ul style="list-style-type: none"> •Making better use of community facilities for multifunctional purposes; •Bringing communities together could reduce loneliness and mental health issues; •Minimise costs of access, making initiatives more accessible to people including those in deprived areas 	<ul style="list-style-type: none"> •Desire for change including scheduling appointments; receiving results; corresponding with medical professionals by email; appointments via video; •Shared electronic patient record; •Data ownership; •Greater use of technology to monitor health

Figure 12 Five key areas for development (Scottish Government 2021)

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan

Delivery Plan

The overarching delivery plan (table3) sets out our priorities, deliverables and planned outcomes and is supported with a more detailed action plan in Appendix 1.

²² [What should Primary Care look like for the next generation? Phase II | Scottish Parliament](#)

Table 3 Overarching Delivery Plan	Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife							
Priorities	Deliverables		Outcomes			Strategic Focus		
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system	<ul style="list-style-type: none"> • Improve access to a wider range of care in our communities; • Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services; • Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 		To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.			R	Q	S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;	<ul style="list-style-type: none"> • Expand our primary care workforce and ensure that this is more integrated, and better coordinated; • Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. • Align the principles of workforce planning to support independent contractors where possible 		The right people are employed to support the needs of the local population; Increased control over workload due to increased efficiency, skill mix, education and resourcing;			R		S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.	<ul style="list-style-type: none"> • Develop primary care premises strategic framework • Support creation of whole system Initial Agreement; • Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. • Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 		Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale				Q	S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> • Digital solutions are created to enhance capacity and support the care delivery models; • The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 		Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support			R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> • Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation and the wider social determinants of health • Address the systematic disadvantage faced by people in deprived areas through provision of needs based care 		Services are co-designed with communities to better meet the needs of people, families and carers Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made				Q	S

Planning and Governance

The planning and governance of primary care services are shared across Fife Integration Joint Board, NHS Fife and Fife HSCP (Figure 14).

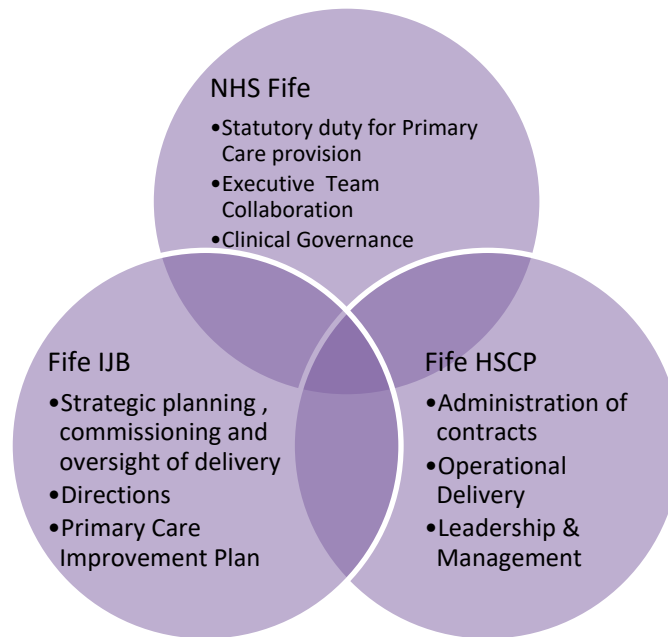


Figure 14 Planning and Governance Responsibilities

The statutory responsibility for the strategic planning, commissioning and oversight of delivery for primary care services lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for primary care provision with the Medical Director having executive responsibility for General Medical, Dental and Ophthalmic Services and the Director of Pharmacy and Medicines having executive responsibility for Community Pharmacy. The Director of Property and Asset Management has executive responsibility for the retained estate and the Director of Public Health ensures executive leadership to improving population health. This systems leadership approach values the individual and collective responsibilities of the Executive Team in support of Primary Care in Fife.

Through the governance structure effective oversight of implementation of the primary care strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Monitoring and Review

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

Progress on implementation of this strategy will be monitored through the Primary Care Strategic Oversight Group to enable responsive decision making and identify any necessary remedial actions, where required, to improve outcomes. Transformation and sustainability initiatives for all four independent primary care contractors together with any critical aspects of governance will be overseen by this group.

The Primary Care Improvement Plan is regularly monitored and reports to the GMS Board, Quality & Communities Committee, IJB and Scottish Government.

There has historically been a lack of reliable and robust data for primary care. The National Monitoring and Evaluation Strategy sets out the overarching national approach and principles which will shape future sustainable policy and service developments for primary care²³. To better understand how primary care contributes across the wider health and social care system, to equality of outcome and access, to ensuring our communities thrive, and to delivering public value a national indicator set and outcomes framework is in development.

A performance framework incorporating and building on the national key performance indicators will be established to monitor implementation and evaluate impact of this strategy.

Regular updates on progress will be reported to the Executive Directors Group and onto the appropriate Public Health and Clinical Governance Committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the third year of implementation, will inform future direction and the development of future strategic plans.

Revision History

Document Title:	Primary Care Strategy		
Document Owner:	Lisa Cooper Head of Primary Preventative Care Services	Document Number:	
Date Approved by IJB:		Revision Number:	
Implementation Date:		Review Date:	
Print Date:	18/07/2023	Author:	Carol Bebbington

²³ [national-monitoring-evaluation-strategy-primary-care-scotland.pdf](#)

Appendix 1: 3 Year Action Plan

To realise our vision, the following plan outlines the actions to support recovery of and improve quality and sustainability primary care services. R=Recovery : Q=Quality: S=Sustainability

Overarching Actions							
Strategic focus			Action	Year 1	Year 2	Year 3	Systems Leadership
R	Q	S	Develop primary care workforce plan aligned with NHS Fife and Fife HSCP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	√	√	√	Lead : Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy Critical: Head of Service Primary Preventative Care, HSCP Chief Finance Officer; HSCP Workforce & Organisational Culture Lead; Head of Workforce Planning & Staff Wellbeing NHS Fife; Staff Side Representative
R		S	Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	√	√	√	Lead: Associate Director Communications NHS Fife; Head of Service Primary Preventative Care Critical: Head of Nursing Primary Preventative Care; Senior Portfolio Lead Primary Care
R	Q	S	Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	√	√	√	Lead: Head of Performance, Planning and Commissioning Critical: Head of Service Primary Preventative Care, Director of Nursing HSCP, Deputy Medical Director HSCP
R	Q	S	Further strengthen leadership and governance arrangements	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
R	Q	S	Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population Health and Wellbeing Strategy			√	Lead: Head of Service Primary Preventative Care Critical: Head of planning, performance and commissioning HSCP; Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Evaluate impact on reducing health inequalities			√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care

General Medical Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Support general practice in stabilising its position.	√	√	√	Lead: Head of Service Primary Preventative Care ; Deputy Medical Director;	
R	S	Support ongoing development of MDT	√	√	√		
Q	S	Support development of GPs Expert Medical Generalist Role	√	√	√		
R	Q	S	Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	√	√	Critical: Portfolio Lead Primary Care; Head of Nursing Primary Preventative Care; Programme Manager Primary Care Improvement Programme; Clinical Directors Primary Care; Head of Pharmacy – Population Health and Wellbeing; Medical Education Lead; Head of Capital Planning / Project Director; Head of Estates and Facilities; Head of Digital Strategic Delivery; HSCP Communications Officer; LMC.	
R	S	Refresh and implement PCIP 2023/24	√	√			
Q	S	Support CQLs in delivery of cluster functions	√	√	√		
	S	Develop plan for GP training and options for portfolio careers to attract and retain GP workforce	√	√	√		
	S	Increase GP training accredited practices			√		
	S	Explore options to join Rediscover Joy in General Practice programme		√	√		
R	S	Continue to support GP sustainability loans	√	√	√		
R	Q	S	Continue to support minor works to make most of existing premises	√	√		√
Q	S	Develop Primary Care Premises Strategy;	√	√			
Q	S	Develop whole system Initial Agreement		√	√		
Q		Develop performance activity and outcomes data including assessing progress towards addressing health inequalities	√	√	√		
Q	S	Implementation of new GP Practice system (VISION)	√	√			
R	Q	S	Support development and spread of models that allow adoption of technologies	√	√		√
Q	S	Engage with Digital Prescribing and Dispensing Pathways Programme			√		
Q		Establish calendar of protected learning time in collaboration with UCSF	√	√	√		
	S	Evaluate the impact of the improvement plans on general practice capacity			√		
Q	S	Review delivery model for GMS learning from MOU implementation		√	√		

Primary Care Dental Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Increase access to NHS dental services.	√	√	√	Lead: Head of Service Primary Preventative Care Consultant in Dental Public Health; Critical: Clinical Director Public Dental Service; HSCP Dental Advisor Primary Care Manager; Business manager Public Dental Service Portfolio Lead Primary Care	
R	S	Consider recruitment and retention options	√	√	√		
R	S	Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes	√	√	√		
R	S	Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care	√	√			
	Q	Refine referral pathways between GDS, PDS and secondary care services	√	√	√		
R	Q	S	Review Emergency Dental Service to improve sustainability and access	√	√		
	Q		Continue to recover Oral Health Improvement actions to reduce oral health inequalities	√	√		√
	Q	S	Assess impact of OHIP and refine Annual Delivery plan – targeted approach		√		√
R	S	Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates		√	√		
	Q	S	Consider national contracts revisions and impact on service delivery		√		√
Community Pharmacy Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Review current process and assure robust arrangements for recovery and progression of new pharmacy applications	√	√		Lead: Head of Service Primary Preventative Care Head of Pharmacy - Population Health and Wellbeing Critical: Lead Pharmacy, Community Pharmacy and Public Health; Primary Care Manager HSCP Locality Planning Manager	
	Q	S	Refresh Community Pharmacy hours of service contractual arrangements	√	√		
	Q		Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self care advice – Right place, right time, first time	√	√		√
	Q	S	Ensure that the annual Pharmaceutical Care Services	√	√		√

		Report is co- designed with localities to meet the needs of local communities				HSCP Participation and Engagement Lead Portfolio Lead Primary Care;
Q	S	Engage with Digital Prescribing and Dispensing Pathways Programme			√	
Q		Prepare for all newly qualified pharmacists being independent prescribers from 2026			√	
Q	S	Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	√	√	√	
Optometry Services						
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership
Q	S	Develop GP-Optometry Pathway	√	√		Lead: Head of Service Primary Preventative Care
Q	S	Implementation of national community glaucoma service	√	√		Deputy Medical Director
Q		Review uptake of GOS across all localities and develop plan to address inequalities	√	√	√	Critical:
Q	S	Develop standardised approach to delivery of additional services	√	√	√	Secondary Care Ophthalmologist HSCP Optometry Advisor
Q	S	Review demand, access and equality of low vision services		√	√	Primary Care Manager HSCP Clinical Director
Q		Explore opportunities to enhance service delivery including investment in technology and greater collaboration with secondary care	√	√	√	Portfolio Lead Primary Care;
Q	S	Consider national contracts revisions and impact on service delivery		√	√	
Q		Prepare for all newly qualified optometrists being Independent prescribers from 2028			√	



Fife Primary Care Strategy 2023-2026

Participation and Engagement Consultation Summary

Fiona Ashton-Jones, Participation & Engagement Officer

Ann Kerr, Participation & Engagement Officer

June 2023

Introduction

The Primary Care Strategy is currently in development as one of the key 9 strategies defined in the HSCP Strategic Plan 2023-2026. The Strategy will focus on recovery, growth, and transformation to ensure Fife has a resilient and thriving primary care at the heart of an integrated health and social care system. The primary care strategy will focus on recovery of primary care, improving quality and making systems sustainable.

Fife Health and Social Care Partnership's Participation and Engagement Team is supporting the development of the Primary Care Strategy 2023-2026 working group through consultation on the Vision, Mission & Deliverables to ensure that they are realistic, achievable and to identify any gaps that need to be addressed.

This consultation summary highlights the feedback from those who responded to this consultation, which was open for a 5-week period from 24th April to 26th May.

Previous Engagement

The following consultation was previously undertaken to help inform the National priorities.

- ✓ Public engagement was undertaken by the Scottish Government HACE Survey 2022. Published May 2022 with over 8,000 responses (27% response rate) received from Fife.
- ✓ 'What Primary Care Looks Like for The Next Generation' survey.
- ✓ Local engagement as part of the HSCP Strategic plan.

Further engagement work as required to ensure that the national priorities and delivery plan met the needs of the public as well as ensuring they can realistically be delivered by the 4 key service providers- GPs and surgery staff, community pharmacy, dentistry and optometry.

Methodology

The consultation was conducted online via an online survey (Microsoft forms) and 3 online events which were open to staff from the NHS, Fife Council, Primary Care, HSCP and Third and Independent Sectors.

A further online survey (Microsoft forms) was sent to nominated public representative forums which included:

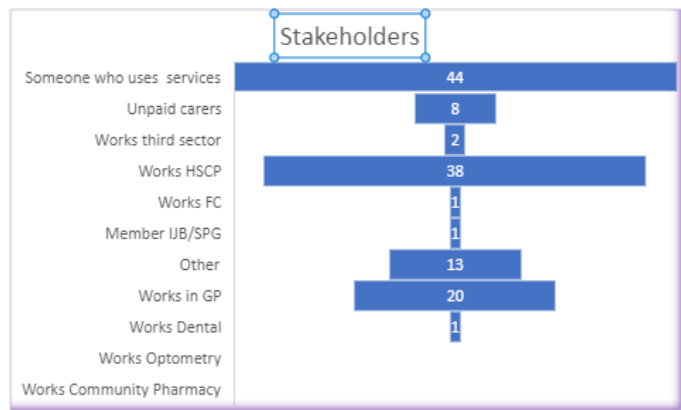
Fife International Forum	FC Peoples Panel	Equalities Forum	IJB Carers representative
	NHS Virtual Group	Fife Carers Centre	IJB Public representative

Consultation Summary

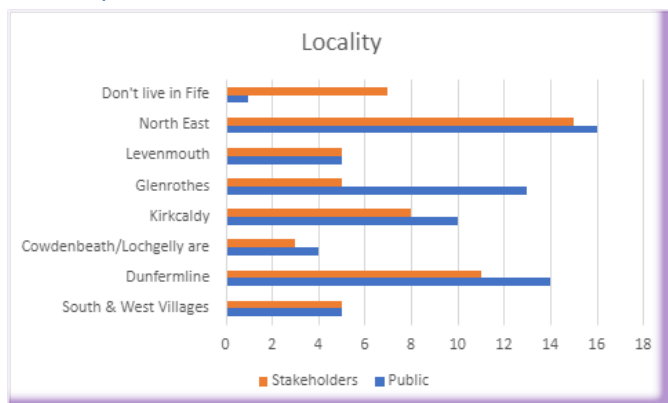
Response Rate

A total of 156 people took part, 128 through the online ms forms consultation and 28 who attended the online events.

- **Staff:** The Microsoft form was completed by 60 staff with a further 28 staff attending one of three online events. The majority of responses were received from Females (70%) with the overall ages being between 35 – 54.
- **Public:** The Microsoft form was completed by 68 members of the public with an equal representation between male and female genders and within the age categories of 45 and above, of which 66% of responders recorded as 65+.



Locality



A representation from across Fife was obtained with the highest responses coming from Dunfermline & North East Fife localities.

Primary Care Vision

78% of public representatives agreed with the vision in comparison to 70% of staffing group with a larger percentage of staff being unsure. A key theme was the feasibility to deliver the vision and whether aspirations were matched by appropriate mechanisms and resources, with funding and work force plans being a primary concern. Minimal comments were received from Dentistry, but the pressure dental services are under was referenced.



There was recognition from the public that they needed to take responsibility for their own health as well as from 'staff' that 'patients needed to be educated and empowered.

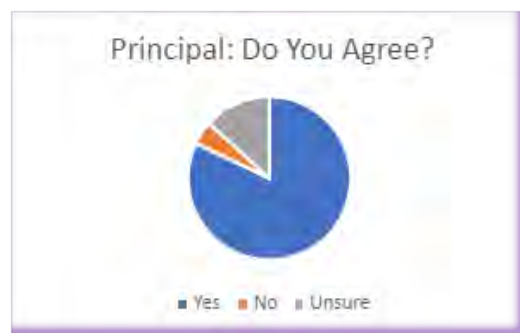
'Agree, but infrastructure funding may be needed to achieve the vision'.

'I agree but in reality, this feels highly ambitious given the crisis that the NHS is in and the staff shortages both within primary and community settings'.

Primary Care Principles

The public and staffing groups were in alignment with both having 82% agreeing with the principles.

There was a high level of support for the principles with positive comments recognising the recognition of requirements. There is the appetite to see these delivered with evidence of impact to ensure accessibility of services, expertise, and support for everyone. The key theme from the public were around access to services whilst stakeholders focused on delivery of these in view of work pressures.



'Many people have difficulty finding or contacting the help they need. These principles seem to address this'.

'Local access to information, expertise and support is important. Good information delivered early and with community support helps early interventions and ultimately help support the NHS long term'.

'Principles are sound, my concern is how they will be put into practice'.

Priority One Deliverable

Similar results were received from the public and staff with overall 74% agree with this deliverable. There was also minimal difference between those staff who completed the survey online and those who attended the live events and had the benefit of a presentation. This deliverable had the lowest percentage of those that disagreed however the highest percentage of those that were unsure.



Key comments related to: resources, effective communication, and connectivity between services with the requirement to enhance partnerships, understanding & flexibility across organisational working. Resources were a key theme featured in all categories relating to time, funding, staff & support to enable people to be able to deliver this, to reduce backlogs and deliver a continuity of care. Request for a clear line of vision of where we are now and sight of deliverables as it was felt the 'Devil is in the detail', Comments also surrounded ability for easier access to services and enhanced communication within the public domain of the proposed delivery plan as well as the status of services.

'Invest more in a dual-focus approach - help services to both transform and try new ways of working whilst addressing backlog. This requires clinicians to be given job-planned time and space for new ways of working. It cannot be something fitted into existing work requirements.

'Be open to the idea of providing services out with normal hours so that everyone is able to access the help they need even those that work during normal office hours'

Priority Two Deliverable

87% of the public and 76% of staffing groups agreed with this deliverable with 12% of staff compared to only 3% public disagreeing. This may be due to the operational knowledge by stakeholders as the key theme related to the recruitment and retention of staff with comments surrounding pay, acknowledgement, support, terms & conditions and incentivisation.



There was recognition that: '*A lot of this is outside of the control of Fife*' and that '*This deliverable should be more specific on what can be achieved*'.

'It's fine thinking the partnership is going to achieve your goals but can the staff cope with these new values and will it have a knock-on effect to the patients'

Priority Three Deliverable

Overall, 72% agree with this deliverable with a breakdown of 81% from public and just 64% from staffing groups.

Staff commented mainly on the condition of properties, the cost to improve these, funding provision and communication whereas the public's focused on the need for more staff and for budgets to be provided to enhance access to services. There were also some comments that reflected on the definition of 'asset-based approach' and 'neighbourhood'.



'A baseline to be achieved before moving'

'Facilities need investment. Care needs to be provided in an environment that is fit for purpose, welcoming, feels safe. Run down clinics do not convey a sense of value to people accessing these services.'

'More money needed to recruit and retain staff.'

Priority Four Deliverable

This question regarding digital solutions generated the lowest 'agree' response of only 66%, driven by the public response rate of 55% compared to 78% from staffing groups. Similarly, both 'no' and 'unsure' responses were at 17%. The two main themes emanating from both the public and staff around digital solutions was that only part of going forward should be digital and access to face to face should always be an option. It was felt that there is also a requirement to invest in IT to enable more digital pathways, joined up IT systems and enhanced IT communication between departments so that everyone can share information easily.



'Digital and technology methods are only part of the solution - the major emphasis should be on a people-based delivery mechanism'

'Ensure any innovation in digital technology used in Primary care is fully integrated across the board and if possible, between boards across Scotland'

Priority Five Deliverable

The overall percentage of 75% agreed which was boosted by the staffing group at the online events who voted 90% in agreement to this deliverable around Primary Care contributing to improving health and wellbeing and reducing inequalities. Most people agreed with the need to reduce inequalities, those unsure were needing more information such as the 'how'. Comments went back to access and the importance of local services. Partnership working was also a theme with the suggestion of patient hubs, wellness spaces and health education. Co-design was mentioned in the outcome and several comments were unsure this could really be achieved.



'Work with other agencies: have patient hubs where they can access computer and help e.g. wells'

‘Develop systems to actively identify where inequalities exist (similar to the GIRFEC model) and then use this to plan care and support.’

Conclusion and Key Themes

The public and staff have been very passionate about the importance of getting primary care right. Overall, the public and staffing groups have agreed with the proposed vision, principles, and deliverables with the key themes on delivery relating to access to care, availability of resources particularly staff, communication through information sharing, to patients and technological ability and the need for a joined-up approach. There have been many comments around funding, lack of staff and difficulty in accessing services but there is an appetite to understand the delivery plans and how they will achieve the proposed deliverables.

The Partnership has received a significant number of positive comments during this consultation, complementing the vision with positive messages

‘It appears to show an awareness of the needs of the users whilst mindful of the challenges facing providers at present’.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the draft of the Primary Care Strategy 2023 – 2026.

Equality Impact Assessment Brief Impact Assessment (Form 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full EQIA
Consideration of the impacts using evidence / public or patient feedback etc is necessary

Title: Fife Primary Care Strategy 2023 – 2026 – Stage 1 EQIA

Question 1: Lead Assessor’s contact details

Name:	Lisa Cooper	Tel. No:	
Job Title:	Head of Primary and Preventative Care	Ext:	
Department:	Fife HSCP, Primary and Preventative Care	Email:	Lisa.cooper@nhs.scot

Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name:	Primary and Preventative Care Team, NHS Fife
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Question 3: What is the scope for this EQIA? (Please x)

NHS	X	NHS Fife Acute		NHS Fife Corporate	
HSCP	X	Service specific		Discipline specific	

Question 4:

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project, or program.

<p>Aim</p>	<p>The Fife Primary Care Strategy 2023 – 2026 describes how the Fife Health and Social Care Partnership aims to continually improve all Primary Care Services across Fife to;</p> <ul style="list-style-type: none"> • Provide high-quality care for the population it serves • Prioritise those at highest risk • Support those with long-term conditions to self-manage these conditions as well as possible • Play a significant role in longer-term prevention and early intervention/detection of disease and harm.
<p>Purpose</p>	<p>The Fife Primary Care Strategy 2023 – 2026 focuses on the recovery of primary care (post COVID-19 Pandemic), improving quality and making services more sustainable to achieve the strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system. This system will support the delivery of excellent, high quality, accessible and sustainable services for the population of Fife, by;</p> <p>Recovery of Primary Care</p> <ul style="list-style-type: none"> • Establishing a clear culture, narrative, and purpose • Focusing on person, patients, carers, and population • Enhancing access to Primary Care Services • Improving communication, enabling information technology, sharing records, and securing fit for purpose estates <p>Improving Quality</p> <ul style="list-style-type: none"> • Supporting Clinical Transformation • Supporting Cluster and locality-based approaches • Establishing integrated care teams • Focusing on innovation, quality, data, and performance • Reducing inequalities <p>Making Our System Sustainable</p> <ul style="list-style-type: none"> • Workforce development and motivation • Having Engaged and visible leadership • Delivering Finance and contractual frameworks • Engaging and supporting the independent contractor business model <p>This strategy recognises the importance of self-care and self-management. Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.</p> <p>Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.</p> <p>The scope of this strategy includes General Medical Services, Primary Care Dental Services (General Dental Services and the Public Dental Service), Community Pharmacy Services and Community Optometry Services (High Street Opticians).</p> <p>Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality, and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.</p>

Question 5:

Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

It is worth noting that a participation and engagement consultation took place during the development of the strategy. This included staff from across NHS Fife, Fife Council, Primary Care, FHSCP and Third and Independent Sectors along with the Public.

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights			
<p>Age - children and young people, adults, older age</p>	<p>A review of the population across Fife is included in the Strategy to ensure that it is inclusive, consideration has been given to the population along with the growth of the over 65 population and how this is projected to increase which will create additional demands for health and social care services moving forward;</p>			
Population Demographic;				
		2020	2043	
0-15		64,152	53,544	-17%
16-64		231,809	209,218	-10%
65+		78,169	101,424	+30%
<p>The population within Fife in 2020 was 374,000 people and it is predicted to be 364,164 people. The Strategy reflects the aims to reduce the barriers to Health and Social Care for all ages across Fife.</p> <p>The participation and engagement consultation gained feedback on the following areas: Communication, Workforce, Premises, Technology and Finance. The demographic of those who provided feedback is:</p> <ul style="list-style-type: none"> • 156 people took part either online or face to face. • 88 staff provided feedback - 70% of these were female and the overall ages were between 35 and 54. • 68 members of public provided feedback with equal representation from male and female. Ages ranged from 45 and above with 66% of responders being 65+. 				
<p>The Strategy should have a positive impact for all age groups across NHS Fife as it will be delivering transformation to improve services in a safe, sustainable manner and of a high quality.</p>				

<p>Disability - mental health, neurological, physical, deaf, hard of hearing</p>	<p>The Strategy considers the ageing population, as detailed above, along with the demand for unpaid care and how this will place greater pressure on public resources (Primary Care – health and social care). The aims within the Strategy should have a positive impact on patients with Disabilities as;</p> <p>The Strategy considers how Communication will be developed for the population of Fife around Primary Care Services and recognises that patients/residents need to be involved in the development of services to help shape and inform improvements.</p> <p>One of the Priorities within the Strategy is Premises and how these need to be reviewed with locality and accessibility considered to ensure they support the ongoing transformation required to delivery high quality primary care services to the whole population of Fife.</p> <p>It also recognises the need to deliver services within a shared facility, to prevent patients having to attend multiple appointments and locations. When reviewing premises consideration should be given around accessibility of these premises. All developments relating to premises will have an EQIA completed to assess the impact on an individual basis.</p> <p>A key priority within the Strategy is Digital Developments to support services being more widely accessible to people who cannot access services via the usual channels (eg: telephoning for an appointment, etc). The Strategy also recognises the issues around digital exclusion, and that work will need to be taken forward to ensure that this does not become a barrier for people. Each development will have an EQIA completed to ensure inclusivity for all patients.</p>
<p>Race - black and ethnic people including Gypsy Travellers, racism by cast</p>	<p>The Strategy should not directly impact based on race alone. It considers the need to be inclusive of all communities and how they will access services.</p> <p>The Strategy does note that services should be accessible for everyone and that a communication plan will be developed to ensure inclusivity. This approach should have a positive impact across all communities within Fife.</p> <p>Within the Strategy recognition will be given that there may be the requirement to have focused initiatives for those individuals within our community who do not traditionally engage with Primary and Preventative Care Services.</p>

Sex - women and men	The Strategy does not distinguish between genders as it considers the whole population across Fife. It recognises that access to services for those people at highest risk needs to be a priority for all.
Sexual Orientation - lesbian, gay, transgender, or bisexual	The Strategy should not directly impact based on sexual orientation alone. It considers the need to be inclusive of all communities and how they will access services.
Religion and Belief or Spiritual Care	The Strategy should not directly impact based on religion and belief or spiritual care alone. It considers the need to be inclusive of all communities and how they will access services.
Gender Reassignment – transitioning pre and post transition regardless of Gender Recognition Certificate	The Strategy should not directly impact based on gender reassignment alone. It considers the need to be inclusive of all communities and how they will access services.
Pregnancy and Maternity – including breastfeeding	The Strategy will pro-actively improve Primary Care Services and in doing so, support pregnancy and maternity. This includes ensuring that our services are breastfeeding friendly.
Marriage and Civil Partnership	The Strategy should not directly impact based on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services.

Question 6:

If necessary- please include in brief evidence or relevant information, local or national, that have influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence /data that support's your assessment can be inserted into the box below.

Please enter evidence/data links:

- Participation and Engagement Consultation included below



Primary Care
Strategy Consultation

Question 7:

Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	X	No	
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If yes, **who** was involved and **how** were they involved?

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Who did you ask? When and how? Did you refer to feedback, comment, or complaints etc?

The consultation was conducted online via an online survey (Microsoft forms) and 3 online events which were open to staff from the NHS, Fife Council, Primary Care, HSCP and Third and Independent Sectors.

A further online survey (Microsoft forms) was sent to nominated public representative forums which included:

Fife International Forum	FC Peoples Panel	Equalities Forum	IJB Carers representative
	NHS Virtual Group	Fife Carers Centre	IJB Public representative

Question 8:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment, and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
Eliminate discrimination	As described above, the Strategy intends to develop Primary Care Services through transformation and change to improve access for patients by delivering improvement to reduce inequalities. The nature of the Strategy will eliminate discrimination across the population of NHS Fife. Any areas of discrimination identified during the planning and delivery stages – these will form essential elements of the work to be taken forward.
Advance equality of opportunity	The Strategy will provide opportunities to deliver equitable services across Fife. Advance equality of opportunity will be delivered by reducing the gaps between communities and by providing all communities with the same access to Primary Care Services.

Foster good relations	Whilst delivering the Strategy work will take place to communicate with different community groups and by doing this it is hoped that good relationships will be established and provide opportunities for sustainable services to be implemented.
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Question 9:

If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion, and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Question 10:

Has your brief assessment been able to demonstrate the following and why?

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

Explain decision
Option 1 No action
Option 1: No major change (where no impact or potential for improvement is found, no action is required)
Not applicable
Option 2 Adjust
Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
The Strategy will delivery positive change across Fife for staff, patients, and the public overall. When implemented the Strategy will improve access to Services and reduce the risks associated with health inequalities and long-term conditions.
Option 3

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Not applicable

Option 4

Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

All large-scale developments, change, planning, policy, building, etc must have an EQIA

Not applicable


If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example, you can conduct stage 2 and then embed actions into task logs, action plans of subgroups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

To be completed by Lead Assessor

Name	Lisa Cooper
Email	Lisa.cooper@nhs.scot
Telephone (ext)	
Signature	
Date	14 June 2023

To be completed by Equality and Human Rights Lead officer – for quality control purposes

Name	
Email	
Telephone (ext)	
Signature	
Date	

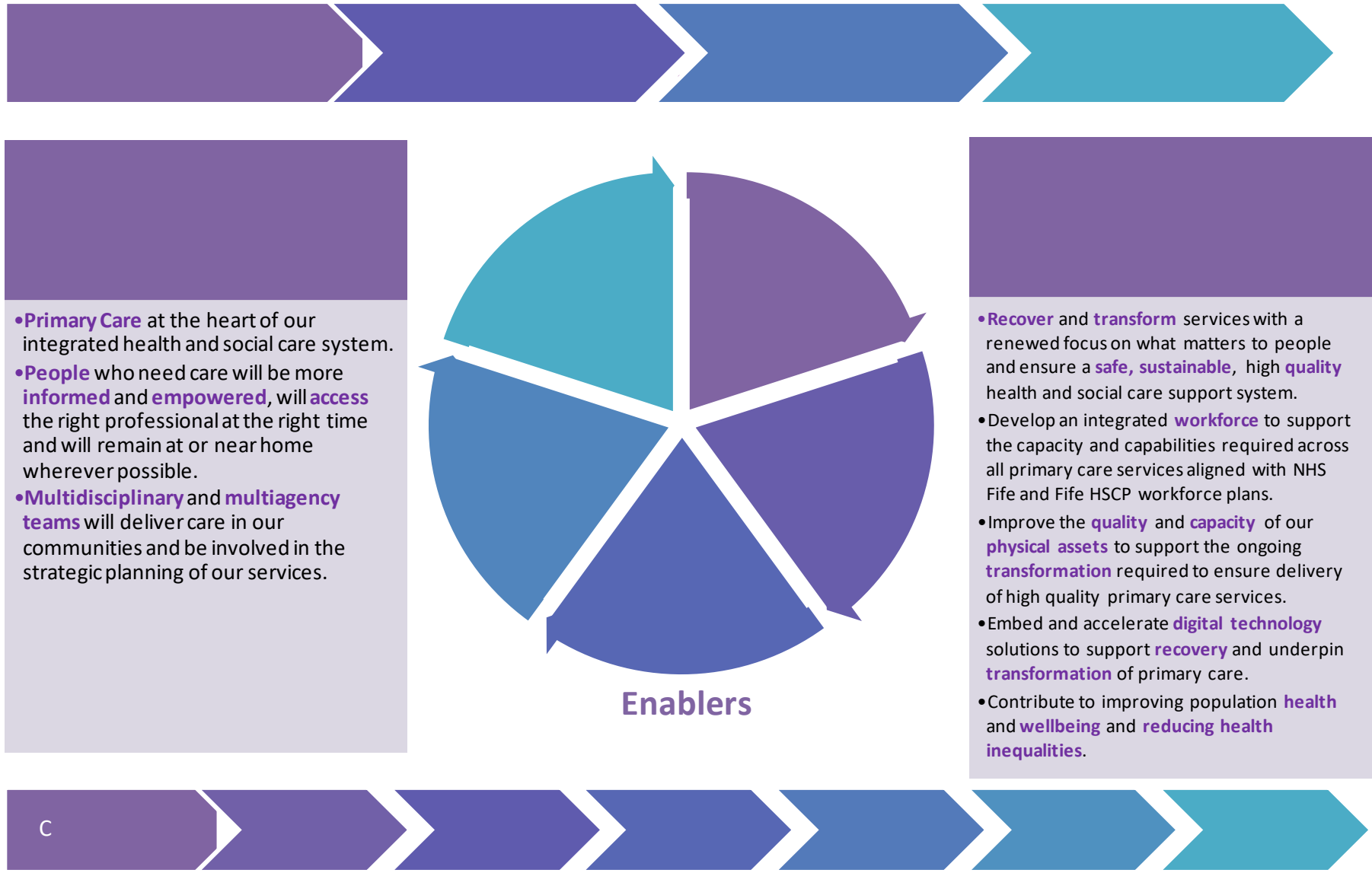
Return to Equality and Human Rights Lead Officer at
Fife.EqualityandHumanRights@nhs.scot



Fife Primary Care Strategy 2023-2026 Summary Version

Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



What is Primary Care?

Primary care is an integral part of a well functioning healthcare system and is an individual's most frequent point of contact with the NHS. Primary care covers a wide range of services including:

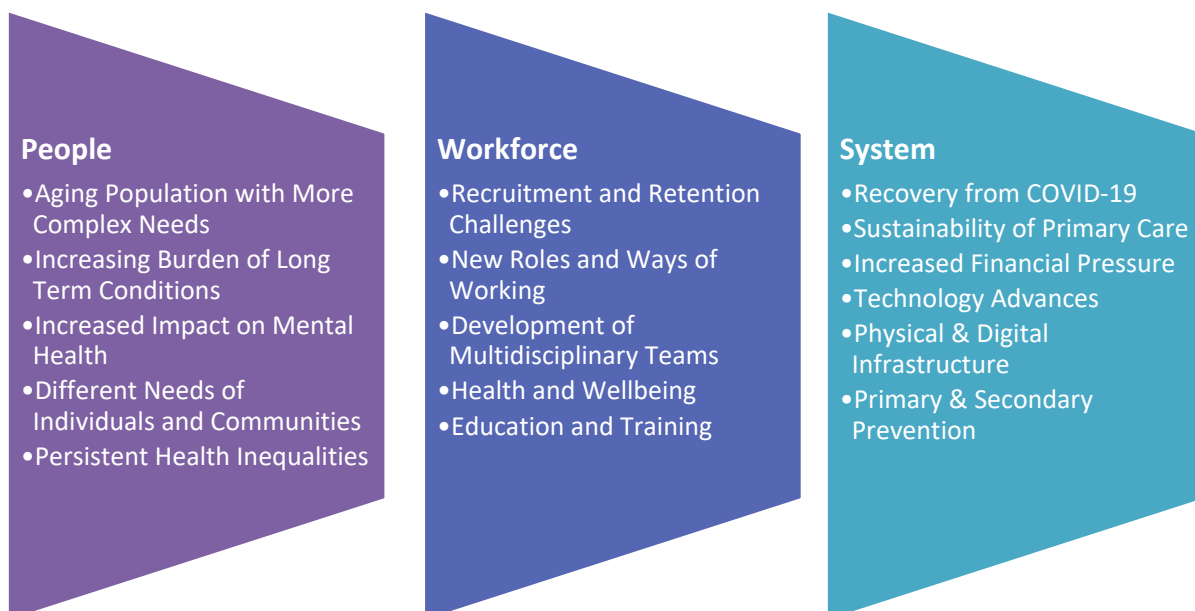


The scope of this strategy includes General Medical Services (53 GP Practices); Primary Care Dental Services including General Dental Services (67 High Street Dentists) and the Public Dental Service; Community Pharmacy Services (86 Community Pharmacies); and Community Optometry Services (50 High Street Opticians).

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks.

What Challenges Does Primary Care Face?

Primary care faces a range of challenges in common with other parts of the health and social care system:-



The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff. Limited access to and delivery of some services has resulted in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care as people seek support as their circumstances or conditions deteriorate.

The population of Fife is aging and living longer with more long term conditions and complex care needs. The projected growth in the over 65 population will create additional demands for services and place a growing demand on unpaid carers. At the same time the working age population is shrinking which will have an impact on the whole health and care system.

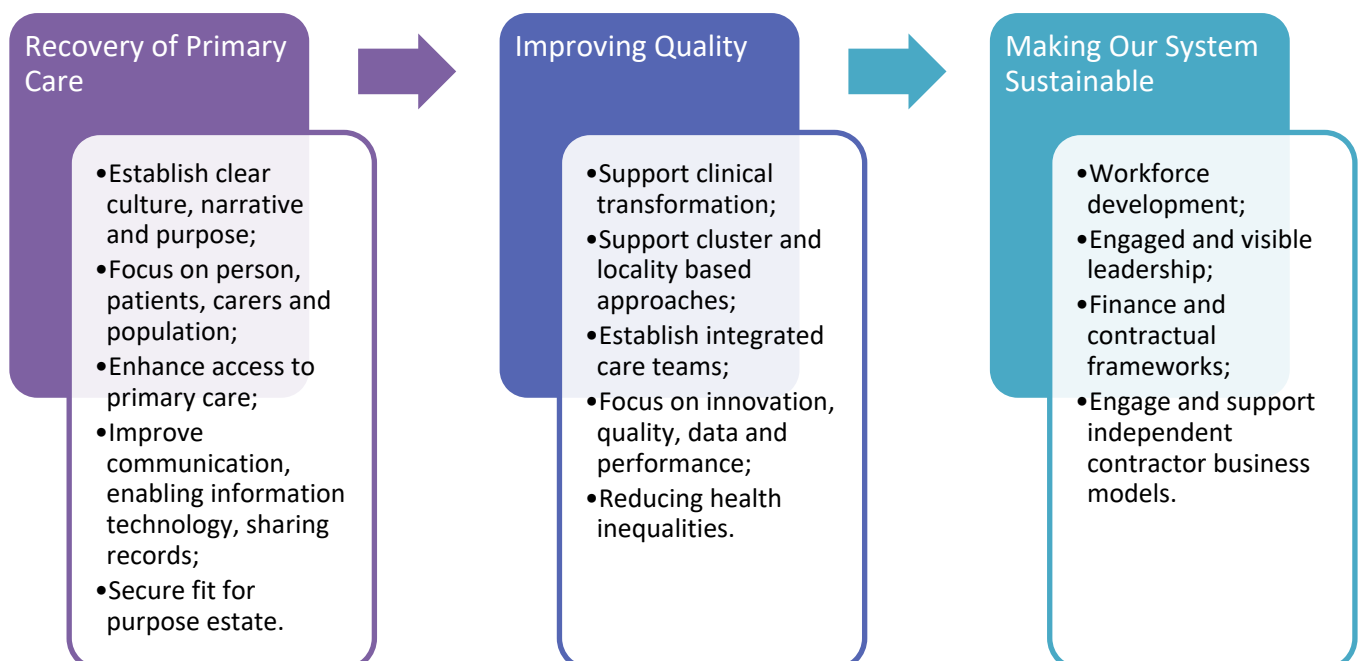
There are different challenges across and within Fife’s seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Sustainability of primary care has been a national and local concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with recruitment and retention across all disciplines, availability of funding, the quality and capacity of premises for service development and the digital infrastructure to support new ways of working.

Our Vision

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition *to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.*



Our Priorities for the Next 3 Years

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Key Enablers

Workforce

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Initiatives that encourage people to want to live and work in Fife and opportunities for recruitment and retention of all healthcare professionals will be maximised.

Premises

A review of premises has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. Development of premises will focus on maximising clinical space and ensuring local accessibility including options for integration with other public services.

Digital Technology

Technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Focusing on technologies to support access and prioritising those with the greatest need will support patients to be managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. Although contracts and associated payments are determined nationally, opportunities to develop services by targeting resources, seeking innovative and dynamic approaches and delivering at scale will enable local needs to be met and deliver best value.

Communication

Promoting a greater understanding of primary care and designing services based on an appreciation of what matters to people in terms of their values, outcomes and experiences will be crucial for success and will ensure people are able to access the right care, at the right time and in the right place.

How will we deliver this?

To realise our ambition a 3 year action plan has been developed to support recovery of and improve the quality and sustainability of primary care services in Fife. The following summarises our main commitments over the 3 year period:-

Summary of Planned Actions	
Overarching actions	<ul style="list-style-type: none"> • Development of workforce plan to ensure managed service delivery and maximised support to independent contractors; • Development of primary care communication and engagement plan; • Development of performance, quality and assurance framework; • Stakeholder engagement to influence national direction for all primary care services.
General Medical Services	<ul style="list-style-type: none"> • Support General Practice in stabilising its position; • Continue development of multidisciplinary team and GP expert medical generalist role; • Continue to implement priorities of GMS contract; • Maximise training opportunities, portfolio careers and options to attract and retain workforce; • Develop Primary Care Premises Strategy; • Adopt new technologies, implement new clinical system, and prepare for digital prescribing.
Primary Care Dental Services	<ul style="list-style-type: none"> • Improve access to NHS dental services; • Maximise opportunities to attract and retain dental workforce; • Maximise capacity to deliver dental care and improve outcomes; • Review Public Dental Service (PDS) functions to increase capacity for urgent care; • Refine referral pathways between General Dental Services, PDS and secondary care; • Review emergency dental service to improve access and sustainability; • Recover delivery of oral health improvement programme to reduce inequalities; • Monitor recovery through registration and participation rates.
Community Pharmacy	<ul style="list-style-type: none"> • Review process and recovery of new pharmacy applications; • Refresh community pharmacy hours of service contractual arrangements; • Promote community pharmacy as first point of contact for minor illness and self care advice; • Ensure that the annual Pharmaceutical Care Services Report is co- designed with localities to meet the needs of local communities; • Engage with Digital Prescribing and Dispensing Pathways Programme; • Support contractors to maximise role as Anchor institutions in their local communities.
Optometry Services	<ul style="list-style-type: none"> • Develop GP- Optometry pathway; • Implementation of national community glaucoma service; • Monitor uptake of eye examinations and develop plan to address inequalities; • Develop standardised approach to delivery of additional services; • Review demand, access and equality of low vision services; • Explore opportunities for investment in technology and greater collaboration with secondary care.

Meeting:	Fife NHS Board
Meeting date:	25 July 2023
Title:	Director of Public Health Annual Report 2023
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author:	Dr Lorna Watson, Deputy Director of Public Health, Child Health Commissioner, NHS Fife

1 Purpose

- Discussion

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Director of Public Health annual report provides a mechanism to present the key issues relating to health and wellbeing for local areas, and enable more targeted local responses to be developed. This year's report is focussed on 'Children and Young People in Fife- the Building Blocks for Health.'

2.2 Background

The Report has two sections- a text section, with chapters and topic specific summaries, and an information supplement. It is planned these will be made available on a webpage on the existing public health website, and a formal launch event in September is planned in conjunction with Fife Council Education and Children's Services.

The Fife Children and Young People's Health and Wellbeing Survey took place in Fife schools in March 2023, and results are also expected in September at this event.

The Report highlights the importance of the UNCRC and children's rights across all services, not just children's services; The Promise to care experienced children and young people; inequalities in health outcomes and in health behaviours; the social determinants of health, including poverty, housing, diet, exercise and mental health; and the early impact of the pandemic.

2.3 Assessment

UNCRC and The Promise

The expected incorporation of the UNCRC this year is a landmark in children's rights and in recognising the impact of decisions for ALL services, which may impact on children directly or indirectly. Similarly, implementing the recommendations in The Promise to care experienced children and young people requires a fundamental rethink in how public services are delivered to this group to improve outcomes.

Population

The Report shows that the number of under 18s in Fife is currently declining, with 71,746 estimated in 2021, 19% of the population in 2021. Children aged 0-4 contributes most to this reduction. The proportion of children recorded as having additional support needs in Fife has increased, and meeting the needs of those with disability and Neurodiversity is central to realising children's rights.

Maternal health and births

The birth rate in Fife declining, in a similar pattern to Scotland, with 3157 births in 2021. Aspects of maternal and reproductive health impact on the mother, but also on child health outcomes in the longer term. This applies for example to smoking, obesity and alcohol use in pregnancy. There are marked inequalities in health behaviours such as smoking and breastfeeding between areas of most and least deprivation. Smoking in pregnancy at maternity booking in Scotland is among the highest in Europe, and Fife has one of the highest rates in Scotland, although these are declining over the whole of the country.

Child poverty

Child poverty rates in Scotland and Fife have risen recently from 17% in 2020 to 23% in 21/22 before housing costs. This rate varies across Fife from 11% to 35.9%, and many of the health indicators in the report show variation with deprivation and poverty.

Fife action on child poverty is reported annually, focussing on six priority group which comprise 90% of families with child poverty: *lone parents, families affected by disability, mothers under 25, children under one, more than 3 children and ethnicity*. Actions for the NHS include income maximisation and Anchor institution ambitions around employment, for example.

Other aspects relevant to health include housing and food insecurity. 390 were children living in households in temporary accommodation in Fife at 31st March 2022, and according to the Trussell Trust, in Fife 5,506 foodbank parcels were given out to children in 2021/22, a reduction on the previous year.

Child development and wellbeing

Preventive and mitigating action around adversity childhood experiences (ACEs), and trauma informed approaches are important protective interventions that can strengthen

the impact of services in meeting needs of the population. Prevention of factors associated with abuse and neglect, including domestic abuse, and appropriate responses when this is identified is crucial for child wellbeing.

The Heckman curve demonstrates the cost effectiveness of interventions in early life is highlighted to demonstrate the known importance of investment early in the life course, tying in with the science of child development. Bonding, social connection and environment shape long term future physical and mental health and wellbeing.

Mental health and wellbeing in children and young people has been a concern before the pandemic, but this has been exacerbated by withdrawal of usual activities and support at that time. In Fife the Our Minds Matter Framework aims to implement the vision of supports available from universal to specialist level.

Alcohol and drug related admissions or young people in Fife are higher than the rate in Scotland, an indicator of serious harm. Children and young people also experience significant harms through child protection, loss of a parent to drug deaths, as well as risk to their own health in the short and long term, including fetal exposure. Tackling these requires specific preventive measures, but also universal measures tackling poverty, housing, education and employment, as well as specialist services to support those with greater or more complex needs.

Service aspects

Across health and partnership agencies, universal and targeted approaches are in place and are being developed further, for example in immunisation and dental health. Examples of good practice include perinatal mental health, the Family Nurse partnership, and the new Whole Family Wellbeing Fund. Positive areas for promoting wellbeing include access to green space, the contribution of the third sector and Youth Work.

The Fife Children and Young Peoples' Health Survey took place in Fife schools in March 2023, and results will be available later in the year. This will help describe the views of children and young people themselves about their health and inform service planning across agencies.

2.3.1 Quality / Patient Care

The Report highlights many areas of good practice in NHS Fife, Fife Health and Social Care Partnership, and partnership working more broadly. It also highlights areas for concern which may impact on future care needs as a result of the impact of poverty and adversity on the development of children and young people.

2.3.2 Workforce

The Report notes the importance of staff and staffing, and attracting, valuing and retaining staff working with children at all levels and in all levels, in line with the Population Health and Wellbeing Strategy 2023-2028.

2.3.3 Financial

There are no direct financial impacts as a result of this report however; the report highlights the very real benefits of early intervention and longer-term cost effectiveness and savings from preventive work in early years.

2.3.4 Risk Assessment / Management

There are no direct risks associated with the report, however there are emerging concerns about some of the building blocks for health in the early years due to the pandemic and which pose a risk to current and future wellbeing of children and young people. Risks are managed within specific managed services.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

The Report seeks to promote the UNCRC and children's rights, and highlights inequalities in health relating to poverty and deprivation. It also highlights disability and neurodiversity, aspects of sexual and reproductive health affecting girls and women, refugee and asylum-seeking children and young people, and LGBT aspects relating to health. Work to address child poverty links to Anchor Institution ambitions, including employment, procurement and income maximisation. A Stage 1 Equality Assessment demonstrated positive impacts and no further action required.

2.3.6 Climate Emergency & Sustainability Impact

The report highlights the impact of Climate on children and young people, and is being produced electronically, rather than on paper.

2.3.7 Communication, involvement, engagement and consultation

A working group has met to produce the report over the last six months, including members from public health, Children's Services within Fife HSCP, and Health Promotion. Relevant staff members were identified to draft sections within their areas of expertise. There were regular meetings with Fife Council Education staff, and the Child Health Management Team in HSCP has been kept updated of progress. Engagement with young people in Fife College was included.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Public Health Senior Leadership Team 13 June 2023.
- Executive Directors Group 22 June 2023.
- Public Health & Wellbeing Committee 03 July 2023.
- Clinical Governance Committee 07 July 2023.

2.4 Recommendation

- **Discussion** – For examining and considering the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, DPH Report 2023 v7
- Appendix No. 2, DPH Annual Report Information Supplement Final (PDF)

Report Contact

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Children and young people in Fife

The building blocks for health 2023



Acknowledgements

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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www.nhsfife.org

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Introduction



Public health can be defined as *‘what we as a society do collectively to assure the conditions in which people can be healthy’*. It therefore must be concerned with broad aspects of our lives and environment, and the obligation to address inequality for those who face most challenges in realising their potential to participate in society.

This year I have chosen to focus the Annual Report and Information Supplement on children and young people. Clearly there are major health issues and pressures for all age groups, and these were covered more fully in last year’s report. These broader issues will be reviewed again in two years time. Childhood has a large influence on our health as adults. There are messages within this report relevant for everyone, as actions impacting on children and families benefit the wider adult population, and vice versa.

It is timely to consider children and young people for four reasons:

- the United Nations Convention on the Rights of the Child (UNCRC) which is expected to become incorporated into law in Scotland this year
- Scotland’s Promise to care experienced young people ‘You will grow up loved, safe and respected. And by 2030, that promise must be kept.’
- the strong and developing evidence base about the importance of attachment and social connectedness for babies, children and young people, the effect of adversity on early brain development, and the economic case for investing early in the life course
- the impact of COVID-19 and associated measures on children and young people, and the impacts, some ongoing, of the associated withdrawal of usual activities, services and supports, followed by the cost-of-living crisis.

It is impossible to cover every aspect of child health and care services in this report, and the Information Supplement provides further detail where this is available. The voice of children and young people is particularly important going forward to implement the UNCRC.

I would like to thank all the dedicated health and social care staff and carers, as well as those in Education, partner agencies and the third sector for their work with children and families in Fife. There are key messages and recommendations to consider, to give the next generation the most positive start possible.

Feedback on the report is welcome and will be used to help plan for future years. [see link in website]

Dr Joy Tomlinson,
Director of Public Health

[Preface - The Future of the Public's Health in the 21st Century - NCBI Bookshelf \(nih.gov\)](#)

https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

[Tackling Inequalities Trauma and Adversity across the Lifespan \(improvementservice.org.uk\)](#)

[Home - The Promise](#)

Key recommendations

The science of connection shows that nurture in early life is crucial for brain development and for lifelong health and wellbeing, and investment in early years has the greatest economic impact on human development.

The UNCRC should help ensure the issues and concerns affecting children and young people are considered in decision making at all levels, and that different groups of children and young people are given a chance for their voices to be heard to improve their health and life chances.

Tackling child poverty through increasing incomes, reducing costs and maximising benefits can make a huge difference to children and families, and the focus should be on the six priority groups as described in Best Start Bright Futures.

Strong connections are needed throughout pregnancy and childhood, and support for families in the community, access to good quality childcare, neighbourhood and community events, and support in education can support positive mental wellbeing. Access to more specialist services is important where needed.

Implementing The Promise is a major challenge and may require a culture change in how families, care experienced children and young people are regarded and supported.

Family support, youth work and third sector work plays a central role in supporting children and families and providing positive activities for young people, recognising the impact of disability and the role of unpaid carers.

Policy and action relating to health behaviours such as smoking, obesity, diet, alcohol and drugs need to take more account of the damaging reproductive effects and impact on children.

Addressing structural issues such as housing and environment will help create positive places for families now and for the next generation, taking into account inclusion and diversity.

Across a range of services, staff and the relationships they build are crucial to give the best support to families. Valuing, attracting and retaining staff working with pregnant women, children and families is important at all levels, from social carers and support staff through to expert professionals.

General



Population

Why is this important?

Understanding changes in the number of children and young people under the age of 18 and their characteristics is essential to help in planning services for children and families.

Background

At June 2021 an estimated 71,746 children aged under 18 lived in Fife. Within the age group 0-17 there were more males than females, 51% versus 49%. Of these children 17,300 or 24% were pre-school aged, 29,350 or 41% were aged 5-11 years and 25,096 or 35% were aged 12-17 years.¹

Children aged 0-17 years account for 19.1% of the total population of Fife, a little above the national average of 18.7%. Within Fife, Dunfermline HSCP locality has the largest proportion of the total population aged under 18 at 20.9% and North East Fife the lowest at 15.6%. In the last 10 years the number of children aged 0-17 years estimated to be living in Fife fell by 1.8%, compared to the population aged 18 and over which grew by 3.2%. The largest fall has been seen in children aged 0-4 (24%) and then in children aged 5-11 (7%) which will in part be due to declining birth rates.

The most recent 2018 based population projections available for Fife estimate that by mid-2028 the total population of Fife, compared to 2018, will be a similar size with a 0.1% decrease in the total population and by 2043 will be 2.1% smaller. In comparison the population aged under 18 is estimated to be 6% smaller in 2028 compared to 2018 and 16% smaller by 2043.²

At the 2011 Census the under 16 population of Fife was predominantly of white ethnicity 96.9%, with 1.7% Asian ethnicity and 1.4% of children being from other minority ethnic groups.³ The 2022 Fife Council pupil census reported that 5.7% of Fife school pupils were from a minority ethnic group.⁴ The findings from the 2022 Census will provide us with a greater insight into the diversity of our child population in Fife.

Summary

The proportion of children and young people as part of the overall population in Fife is currently reducing in line with the patterns seen across Scotland.

Find out more

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections>

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based>

<https://www.scotlandscensus.gov.uk/search-the-census#/search-by>

<https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

UNCRC – United Nations Convention on the Rights of the Child

Why is this important?

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. While aspects of the Bill were challenged by the UK government, work is progressing and it is expected that new legislation will be passed in 2023.

Background

The UK signed up to the United UNCRC which came into force in January 1992 and is the global gold standard for children's rights. The 54 UNCRC articles set out the multi-factorial rights that all children are entitled to. The articles are wide-ranging and cover a number of areas including health, education, leisure and play, social security, child labour, children in care and juvenile justice. The new law may make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights. An example is article 27: Every child has the right to a good enough standard of living to meet their physical and social needs including a proper house, food and clothing.

Modifiable factors/local actions

Realising rights is a theme in the Fife Children's Services Plan, which covers partnership organisations in Fife. Organisations including NHS Fife are preparing to ensure processes and actions are compatible with the UNCRC. This affects services delivered to the wider population, and not just those aimed directly at children and young people.

Senior leaders are engaged in understanding the implications of the UNCRC and working on undertaking Children's Rights Impact assessments by public bodies where appropriate.

Work is ongoing to better listen to the voice of infants, children and young people as well as families to improve services and better meet their needs.

Summary

Rights based approaches should change existing services to better realise all rights, including the right to health of the most disadvantaged children and young people.

Find out more

[United Nations Convention on the Rights of the Child implementation: introductory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[socrr23_final.pdf \(togetherscotland.org.uk\)](https://togetherscotland.org.uk)

[UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://cypcs.org.uk)

Factors affecting child development

Why is this important?

Understanding the importance of early child development and the impact of life circumstance is constantly evolving. Attachment theory highlights the importance of a child's emotional bond with their primary caregiver. Disruption to or loss of this bond and accumulation of early adversity can affect a child emotionally and psychologically into adulthood, and can have an impact on their future relationships, social and health outcomes.

Background

In international comparisons, the UK does not do particularly well on measures of child health, and inequalities in health in later life. The Heckman curve, Figure 1 shows the economic benefits of investing early in the life course. This is drawn from evidence of economics across numerous countries and is compatible with scientific evidence of the critical windows for development in early childhood, starting with pregnancy.

Quality of relationships with family, peers and community are important at any point in childhood and can be strained in times of family or community stress or disruption. Supporting child development can have a lifelong impact.

Modifiable factors/local actions

Investment in family support and anti-child poverty measures can help support positive development in the critical early years. Prevention of adversity impacts on longer term outcomes for the next generation, for example measures to reduce domestic abuse, parental addiction and mental health issues in the adult population directly benefits children.

Maternal, perinatal and infant mental health is particularly important to promote positive bonding at the start of life. In Fife in addition to universal services there is tiered specialist support where needed from the Community Perinatal Mental Health team, Infant Mental Health team, and the Maternity and Neonatal Psychological Intervention team.

Child development and attachment informed policy and practice is particularly important in family, childcare and education arenas.

Summary

The rapidity of early brain development and sensitivity to quality of nurture means that early life has a profound effect on the future life course.

Find out more

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://heckmanequation.org/resource/the-heckman-curve/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

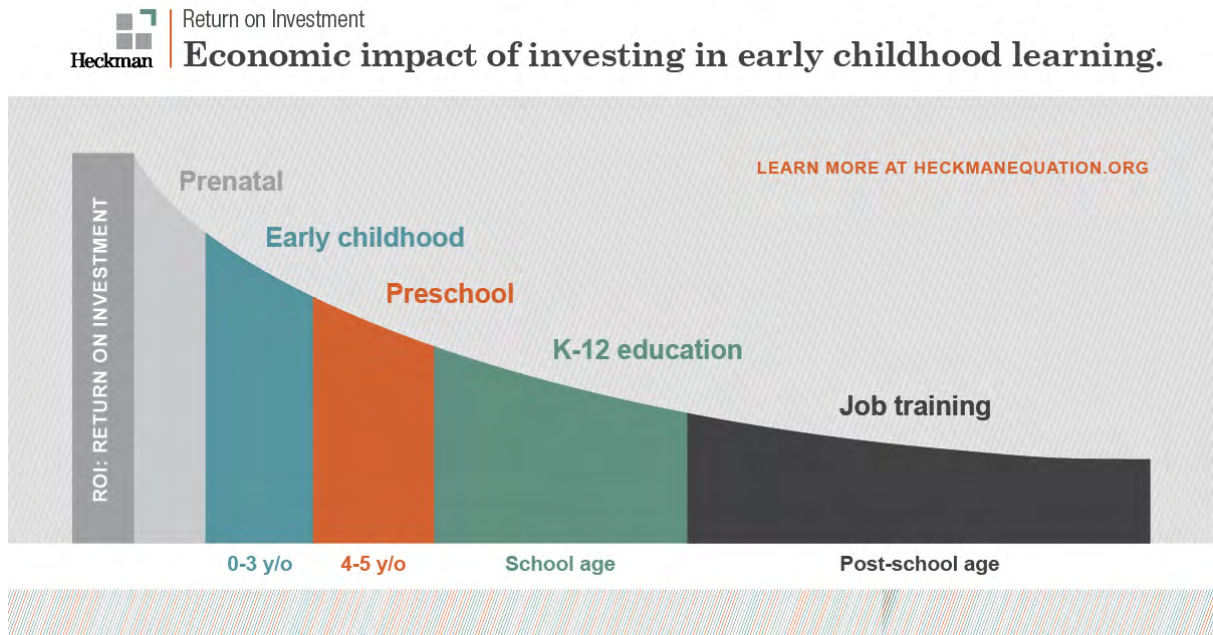


Figure 1 source: <https://heckmanequation.org/resource/the-heckman-curve/>

ACE exposure and trauma

Why is this important?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” In 1998 a landmark study by Felitti and colleagues was published demonstrating a link between cumulative exposure to ACEs with long term outcomes for adults including mental and physical health and leading causes of death.

Background

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having four or more ACEs. Childhood trauma can affect individuals’ wellbeing across the lifespan, impacting on physical health, mental health and relationships. Being ‘Trauma Informed’ means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience.

Modifiable factors/Local actions

Since 2016, NHS Education for Scotland (NES) has developed training to promote trauma informed practice, to support children and young people who have experienced trauma or ACEs. NHS Fife has developed four half day trauma informed modules on: Why trauma matters; Psychological Impact of trauma; Relationships and Recovery; Compassion Fatigue and Self-care.

These have been adopted and promoted via NES and are being delivered locally to a wide range of multiagency staff, including Family Support Service, social work staff, education staff and school nursing. There is also an enhanced module for staff working directly with children and young people who have experienced trauma. These modules have been delivered to staff working in CAMHS, child psychology and the DAPL school counselling service.

Trauma informed practice is also relevant for many adult services, and more broadly, consideration of prevention of ACEs is relevant in wider policy on inequalities including for example, criminal justice.

Summary

To improve outcomes for those who have experienced trauma, we need a trauma informed workforce who can understand their needs and respond appropriately.

Find out more

[Understanding trauma and adversity | Resources | YoungMinds](#)

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

https://know.fife.scot/_data/assets/pdf_file/0027/177507/ACEs-in-Fife-Exposure-and-Outcomes-Profile-Oct-2018.pdf

[National Trauma Training Programme - Home \(transformingpsychologicaltrauma.scot\)](#)

[Home \(beaconhouse.org.uk\)](#)

[UKTC \(uktraumacouncil.org\)](#)

<https://www.gov.scot/publications/understanding-childhood-adversity-resilience-crime/pages/2/>

COVID-19: Impact on children and young people

Why is this important?

While direct health effects of COVID-19 had less impact on children than adults, the associated lockdown measures had a profound effect on usual socialisation, support, learning and activities, and services, adversely affecting aspects of child development.

Background

School closures, lockdown measures and withdrawal of services to essential levels impacted the whole population, with particular effect on children and young people as usual activities, milestones and events had to be cancelled or curtailed. With adults under stress, this impacts on quality and quantity of interactions with children vital for language and development. The level of screen use in children increased significantly due to loss of usual activities.

While some families reported positives of having parents at home and less travel, many found the experience difficult, and women were disproportionately affected due to caring roles. At pre-school reviews, higher proportions of children have had developmental concerns post pandemic, 18.7% at 27-30 month review in 2021, compared to 14.6% prior to the pandemic for Scotland. Literacy and numeracy data were lower for Scotland in 2020/1 indicated an impact on learning. Parent-reported lower mental health and wellbeing scores in younger children were lower in 2020, and survey data indicated that families affected by disability had particular loss of services during the pandemic, with reduction in respite and social support. The proportion of Scottish children at risk of overweight or obesity increased in 2020/1. Demand and waiting times for many types of care were affected by the pandemic.

Modifiable factors/local actions

Focus on connectedness and wellbeing of families, neighbourhoods and communities, as there may be a longer term cohort effect where supportive networks take time to re-establish.

Ensure services for families affected by disability, mental health issues and poverty are strengthened going forward to mitigate the impacts on disadvantaged groups.

Summary

The pandemic and associated measures have had a major impact on children and young people, particularly those already in situations of disadvantage.

Find out more

https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

Family life

Why is this important?

The family is the basic building block of society, and the expectations and structures around it change over time. This has implications for connectedness, and support in times of adversity, whether social, financial, physical or mental health related.

Background

In the Growing Up in Scotland study, 27.3% of 14 year olds had at least one parent who lived elsewhere. Over half 57.5% saw this parent once a week or more, whilst 15.1% said they never saw this parent. Disabled young people were more likely to say they have at least one parent who lived elsewhere 35.2%, compared with 25.9% of non-disabled young people. There was an increase in single adult households in Scotland, with figures from the Labour Force Survey estimating that these accounted for 36% of all households in 2022. 23% of households in Scotland comprised adults and dependent children, less than one in four of all households. 5% of all households comprised a single parent and dependent children: 13% a small family, 5% a large family, an increase in the proportion with single parents over time.

There have also been significant changes to working patterns of parents in the UK, for example with more non standard working hours, particularly for lower paid workers. Some aspects such as unpredictable work schedules have been linked to lower parental wellbeing, however there is evidence to suggest access to flexible working patterns and the four day working week may reduce stress within families. The use of formal childcare has increased over time, however, availability and cost can limit options for families.

Modifiable factors/local actions

Promote policies which support families with children, in particular families with disabled children, and encourage community support for families through intergenerational support, third sector, and volunteering, which also supports connectedness and positive wellbeing.

Promote a child and family focus in design of homes, work, communities and services, with accessible provision of high quality childcare.

The Workplace Team, Health Promotion Service in Fife actively promote a range of initiatives to Fife workplaces to encourage good and fair work, including family friendly policies, flexible working and intergenerational working, and promotion of the Healthy Working Lives programme in Fife.

Summary

Promoting connected communities with the needs of children and families in mind will help the next generation flourish.

Find out more

<https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/>

[Chapter 2 - The Composition and Characteristics of Households in Scotland \(www.gov.scot\)](#)

<https://www.nrscotland.gov.uk/files/statistics/old/he-05-table5.pdf>

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2021>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8651235/>

<https://www.weforum.org/agenda/2023/03/surprising-benefits-four-day-week/>

[10.1080/13668803.2022.2077173](https://doi.org/10.1080/13668803.2022.2077173)

<https://workingfamilies.org.uk/wp-content/uploads/2022/11/Working-Families-Benchmark-Report>

<https://www.nhsfife.org/workplace>

Disability and neurodiversity

Why is this important?

Difference is part of what makes us human, and also how we care for less able members of our society defines how we view ourselves as a civilised society. People with disability can face a number of barriers to inclusion and preventable adverse health outcomes.

Background

The current rate of pupils in Fife assessed or declared as having a disability is 26.2 per 1000 pupils. Disability may relate to physical or learning ability or both, and may overlap with some chronic physical or mental health conditions, and sensory impairments. Disabilities may be classed as mild, moderate, severe, and in some cases, complex or exceptional where there are a number of conditions, or a mix of physical and learning disability leading to a need for complex care. The social model of disability recognises that people can be disabled by barriers in society such as absence of a wheelchair ramp, and is focussed on assets rather than impairments or deficits. The bio-psychosocial model incorporates the biomedical model with other perspectives and underpins person-centred care.

A learning disability is generally defined by lower intellectual ability, significant impairment of social or adaptive functioning, and onset in childhood. Some neurodevelopmental disorders may be associated with learning disability, including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Neurodiversity is a broader term relating to differences in brain processing, which is more variably defined and often includes ASD, ADHD, dyscalculia, dyslexia and dyspraxia. It is estimated around one in seven people in the UK is neurodivergent. Additional support needs is the term used in schools for children who require any additions to the educational provision that is usually provided, which can be due to the conditions above.

Recognising these conditions has important implications across the life course, in how to realise rights and advance equality of opportunity, provide reasonable adjustments and inclusion in society such as access to work, leisure and culture. As with adults, a higher proportion of disabled children live in areas of deprivation, and they are less likely to go to a positive destination after leaving school. Disabled people and their carers had a particularly difficult time during the COVID-19 pandemic for a variety of reasons including isolation and reduction in services. Unpaid carers have a vital role and there is a need to recognise, value and raise awareness of carers and their rights and whole family wellbeing.

The UN report on the implementation of the UNCRC in the UK highlights disability as a particular area for action. Stigma, fear of harassment and hate crime are prevalent and there are basic accessibility challenges for homes, public buildings and spaces. Rates of mental health issues are higher in disabled children and adults, and there can be barriers to accessing high quality health care.

Modifiable factors/local actions

There should be increased recognition of the role of disability and caring roles in understanding and addressing health inequalities, and preventable premature mortality in Scotland.

There is work ongoing in health and education in Fife to improve access to support, advice and assessment to meet individual needs in relation to and reduce impact of neurodevelopmental disorders. Allied health professionals have an important role in advising and supporting families.

There is unmet need to support families caring for children with learning disabilities and the most complex mental health needs, with access to respite and multi-agency intensive support to prevent family breakdown or the need for alternative placements.

Transition from child to adult services for those with disability can be difficult to navigate, and is crucial to achieve the best long term outcomes. Key principles include person-centred planning, with planning starting early and continuing up to the age of 25.

Summary

A core value of the UNCRC is non discrimination, and responding to the experience of families and children is central to addressing barriers for those with disability or neurodiversity to realise their potential into adult life.

Find out more

[Scotland's Wellbeing: national outcomes for disabled people - gov.scot \(www.gov.scot\)](#)

[Definition](#) | [Background information](#) | [Learning disabilities](#) | [CKS](#) | [NICE](#)

[The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](#)

[Celebrating neurodiversity in Higher Education](#) | [BPS](#)

[What are learning disabilities - report \(sldo.ac.uk\)](#)

[The biopsychosocial model of illness: a model whose time has come - Derick T Wade, Peter W Halligan, 2017 \(sagepub.com\)](#)

[UK Disability Survey research report, June 2021 - GOV.UK \(www.gov.uk\)](#)

[National carers strategy - gov.scot \(www.gov.scot\)](#)

[Findings from LeDeR reviews 2015-2020](#) | [School for Policy Studies](#) | [University of Bristol](#)

[Principles-of-Good-Transitions-3.pdf \(arcscotland.org.uk\)](#)

<https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/pages/4/>

Voice of children and young people

Why is this important?

Linking to the UNCRC Article 12, participation and engagement with children and young people is being recognised as being integral in planning services to meet their needs, just as coproduction and working with communities is integral to wider service planning.

Background

The Fife Children & Young People's Health & Wellbeing Survey was completed in schools in March and April 2023. The survey has been designed so that children and young people can tell us about their experiences and contains questions on a wide range of topics including: Physical Activity, Health, Emotional Wellbeing, Eating Habits and Social Media Use.

Gathering this information, at this time, was especially important to help to form an accurate picture of children and young people's wellbeing after the pandemic and to help to plan to support their recovery.

The results from the survey, available in summer 2023, will help us to understand the wellbeing and needs of children and young people in Fife. This will inform the work that partnership organisations are doing to improve services for children and families.

In preparing this report, feedback was obtained from Fife College students on topics most important to them. The Voice of children and young people, and working on young people's health priorities came top, followed by The Promise and Adversity priorities.

Local actions/modifiable factors

There are many examples in Fife of good practice for engagement with children and young people, these include:

- The 'Voice of the infant' tool used within the Health Visiting and Family Nurse Partnership services.
- Following engagement with young people about their needs, NHS Fife School Nursing Service launched a text messaging service, launched in November 2022.
- In Education, local engagement work, as well as larger scale surveys such as SHINE and the Health and Wellbeing Survey are used to help plan services.
- Research undertaken with young people will inform Youth Work service priorities going forward.

Summary

Information from larger scale surveys but also targeted work with specific groups of young people in Fife will help with designing appropriate services to meet their needs.

Early years and building blocks for health



“Much is made of the need for more police on the streets. But while this would undoubtedly reduce violent crime in the short term, in the long term 1000 health visitors would be more effective than 1000 police officers.

Early years education and support is key to reducing violence in the long term.”

Detective Chief Superintendent John Carnochan,
Head, Violence Reduction Unit of Scotland 2008



Child poverty and cost of living

Why is this important?

Child poverty affects opportunities for health, learning and development from pregnancy onwards, which can have lifelong consequences. The Child Poverty (Scotland) Act 2017 places duties on public authorities to take action to reduce and mitigate child poverty. The current cost of living crisis has made it more difficult for many families.

Background

Almost one in four children in Fife live in poverty before housing costs. There are six child poverty priority groups which cover 90% of families with children in poverty: *lone parents, families affected by disability, children under 1 year, mothers under 25 years, ethnicity, families with >3 children*. The Policy document Best Start Bright Futures describes three drivers of child poverty: income from employment, cost of living, income from benefits.

Poverty rates are also higher in some parts of Fife than others, generally following patterns of deprivation. Poverty can be linked to increased family stress, and reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

Modifiable factors/local actions

Fife has published several Local Child Poverty Action Reports as required by the Act. The report for 2023 will be part of the overall Tackling Poverty and Preventing Crisis report. Key areas for action focus on the three drivers and targeting the six priority groups:

- Income maximisation, with the successful MoneyTalks offer of referral for welfare checks in maternity and health visiting, and the Boosting Budgets programme in Education, and possible expansion of these.
- Reducing additional costs of the school day, and working to improve access to childcare.
- Anchor Institution actions, to ensure employment is accessible to priority groups where possible, and procurement can benefit local communities.
- Ensuring voice of those with lived experience is part of planning and feedback.
- Support action to explore better access to child maintenance payments and tackle young parent poverty.

Summary

Poverty is a stressor which can be highly detrimental to all aspects of child and family wellbeing. Public services can take both preventive and mitigating action, in line with UNCRC articles 26 and 27.

Find out more

<https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/>

<https://our.fife.scot/plan4fife/tackling-poverty-and-preventing-crisis/tackling-poverty-listing/tackling-child-poverty>

https://our.fife.scot/_data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf

<https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

<https://cpag.org.uk/scotland/child-poverty>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports>

Births and maternal health

Why is this important?

Potentially modifiable factors affecting a mother's health before and during pregnancy can have a major impact on the mother and baby's wellbeing and some complications associated with pregnancy and childbirth. Some factors can influence the child's health in the longer term.

Background

The birth rate is declining in Fife, in a similar pattern to Scotland, with 3157 births in 2021. Age at first birth is increasing, which has positive aspects, however fertility reduces with age and after age 35, the rate of pregnancy complications, and chance of some genetic conditions in the baby increase.

In Fife around 5% of singleton births have low birth weight, similar to the rate in Scotland. Low birth weight is caused by intrauterine growth restriction, prematurity or both. As well as immediate health care needs, it contributes to a range of longer term health outcomes. There are evidence based actions which can reduce the chance of low birth weight, these include: reducing smoking and reducing exposure to environmental tobacco smoke, alcohol, and illicit drug use. Low body mass index and anaemia are also risk factors so a healthy diet before and during pregnancy is important. Other factors include younger and older ages during pregnancy, time between births, infections including those which are sexually transmitted and exposure to domestic violence.

There were 11 stillbirths in Fife in 2021, and as a rate this was similar to Scotland. Stillbirths may have an identified cause but many are unexplained. There are also risk factors for stillbirth include smoking, obesity, poor nutrition, drug and alcohol use. One area of concern is that the percentage of women classified as overweight or obese at maternity booking in Scotland has been gradually rising. In Fife this was 60.4%, above the Scottish average.

Fife has one of the highest rates of current smokers at maternity booking in Scotland. In 2021/22, 16.7% of women self-reported as current smokers, compared to 11.8% for Scotland. Women who live in areas most affected by deprivation have the highest proportion of current smokers. Smoking is also associated with a wide range of harms including: increased risk of miscarriage, some congenital defects and learning difficulties, including attention deficit hyperactivity disorder. It may also cause genetic damage to be passed to the next generation. Smoking in the home is a significant risk factor for sudden infant death, as well as respiratory problems in children.

There are well understood risks during pregnancy from alcohol. Drinking alcohol during pregnancy increases the chance of fetal alcohol spectrum disorder (FASD) which is the commonest cause of non-genetic learning disability in the Western world. Importantly, damage may occur before a woman is aware of the pregnancy. It can be difficult to diagnose and symptoms include: difficulty processing information, memory and attention deficits, cognitive and behavioural problems. Early identification and support can improve outcomes.

Maternal deaths are fortunately now rare, however the Confidential Enquiries into Maternal Deaths 2022 showed stark inequalities with women from some ethnic backgrounds and women experiencing greater levels of deprivation more likely to be affected.

Modifiable factors/local actions

Some actions that improve the health of the whole population such as increasing smoke-free environments will also directly benefit mothers and children. However, delivery of high quality reproductive health care throughout a woman's life is also important for positive health outcomes for mothers and babies. While much is delivered in primary care, the ACORN project in Sexual Health Fife is an example of good practice which is designed to enhance access for women facing particular challenges who may not otherwise access services.

Maternity services in Fife provide person-centred care, with specific projects for some women, including the VIP project for those with alcohol and substance misuse problems, Family Nurse Partnership for younger first-time mothers, Family Health Midwives for those with complex challenges, and support for women with obesity in pregnancy. Translation services in maternity care are particularly important due to higher risks associated with some ethnicities. Areas for development include:

- Preconception health advice for all women, but especially for women with pre-existing conditions such as heart disease.
- Increasing access to reproductive health options such as long acting reversible contraception to women, including following birth.
- Reducing rates of smoking and obesity in the population, and exploring ways of increasing smoking quit rates in pregnancy including incentives.
- Supporting population health measures to reduce exposure to alcohol, including in pregnancy.
- A stronger focus on preconception and child health in general health policy.

Summary

Improving preconception and maternal health will help reduce inequalities and improve outcomes for mothers and babies in Fife.

Find out more

[Maternal and fetal risk factors for stillbirth: population based study | The BMJ](#)

[Fetal alcohol spectrum disorders: a guide for healthcare professionals \(exlibrisgroup.com\)](#)[Low birth weight \(who.int\)](#)

[Reducing low birth weight: prioritizing action to address modifiable risk factors | Journal of Public Health | Oxford Academic \(oup.com\)](#)

[Tobacco use in pregnancy | ASH Scotland](#)

[Smoking, Pregnancy and Fertility - ASH](#)

[Financial incentives for smoking cessation in pregnancy: randomised controlled trial | The BMJ](#)

[MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)

[Women's health plan - gov.scot \(www.gov.scot\)](#)

Infant feeding

Why is this important?

Breastfeeding provides the best start to life as breastmilk contains hundreds of components that cannot be artificially replicated including viral fragments, antibodies and immunoglobulins, hormones, stem cells, complex sugars and essential fats.¹ In addition to nutrition and immunity, the closeness of breastfeeding helps develop the infant microbiome and builds a strong bond between the mother and infant. This relationship can aid brain development and potentially influence life-long learning, development and social interactions.

Background

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7 % in 2012 to 41.9 % in 2022.² There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get advice and support where needed.

Additionally, all maternity, neonatal and health visiting services across Scotland are accredited as “Baby Friendly” – a global initiative jointly developed between WHO and UNICEF to provide standards of care to improve breastfeeding support.³

Modifiable factors/local actions

NHS Fife community successfully became “Baby Friendly” in 2014 and successfully reaccredited in January 2023 with outstanding results. The next steps to embed standards in practice include ensuring strong leadership, fostering a culture for staff learning and feedback, ensure a robust monitoring system to ensure standards remain consistently met to a high standard and developing innovations to improve services.⁴ This includes access to breastfeeding support and advice from midwives, health visitors (or family nurses), the breastfeeding support team or one of the infant feeding advisors.⁵

Families can also get help with costs through Best Start grants and Best Start foods to help make sure infants and young children have access to food.⁶

Summary

Actions to promote and support breastfeeding where possible remains an important health outcome, while sensitively supporting all families regardless of feeding methods.

Find out more

[DPH Report 2023 - Draft Master V2 24.05.2023.docx \(sharepoint.com\)](#)

[Infant feeding statistics - Financial year 2021 to 2022 - Infant feeding statistics - Publications - Public Health Scotland](#)

[Learn more about the UNICEF UK Baby Friendly Initiative](#)

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

[Breastfeeding support | NHS Fife](#)

[Best Start Grant and Best Start Foods - mygov.scot](#)

Health visiting pathway and Family Nurse Partnership

Why is this important?

Universal services in pregnancy and from birth into the early years are essential to ensure early intervention and prevention and identify those requiring additional or intensive support. Midwives, health visitors and family nurses are the core staff groups involved in pregnancy and following birth health visitors and family nurses are the key staff.

Background

The Universal Health Visiting Pathway provides a core programme of 11 home visits to all new families, covering the first year to preschool, building relationships, providing support and including the Named Person function.

Development checks are captured in the Child Health Surveillance Programme national information system. In 2021/22 in Fife there was a fall in the proportion of eligible children reviewed at both 13-15 month review and 27-30 month review, to 83% and 90%. The percentage of children reviewed with developmental concerns at both reviews increased, to 18% and 19% respectively. This increase was noted across Scotland and further work is underway to investigate further.

The FNP programme is now available to all first time mothers aged 20 and under. This is a recent expansion from 19 years old and under and provides regular intensive home visits and support in pregnancy until the age of two according to an evidence based framework. This has been shown to improve a range of maternal and child outcomes.

Modifiable factors/local actions

Full implementation of the Health Visiting pathway has been challenging due to staffing pressures in the last four years. A workforce strategy is in place covering recruitment, training and supervision which will bring long term stability to teams and support full delivery of the pathway.

Further consideration will be needed to meet the stretch aim to have the FNP programme offered to those aged 21 and under, and 25 and under for care experienced young people.

Summary

Universal and additional support is essential to support families in the early years adapt to the changes and potential challenges in the early years.

Find out more

[Early child development statistics - Scotland 2020 to 2021 - Early child development - Publications - Public Health Scotland](#)

<https://www.gov.scot/policies/maternal-and-child-health/family-nurse-partnership/>

[Perinatal and early years - Mental health - gov.scot \(www.gov.scot\)](#)

[Perinatal mental health - ScotPHO](#)

Play and physical activity

Why is this important?

Movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Play is well documented for its benefits at all life stages from infancy to older adults. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health.

Background

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day. In 2021 the Scottish Health Survey reported that 71% of children aged 2-15 years had achieved this recommendation which included activity at school. This is an increase from 69% in 2019. However more boys than girls meet the recommendation.

Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skill mastery. This then can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age will help to increase activity levels, create good habits and improve life chances into adulthood.

Modifiable factors/local actions

The ability to swim and ride a bike by the time a child leaves primary school are two 'life skills' measures Fife Council is working hard to impact, through provision of activity and interventions to tackle the barriers to participation.

Fife Sport and Physical Activity Strategy is a Fife wide commitment to improving opportunities for people of all ages, abilities, and localities in Fife to participate in sports and physical activities. Working in partnership with stakeholders Fife Council Active Communities is committed to increasing the variety and availability of activities, from walking in the community to supporting clubs and groups who are working to change people's lives through sport, including those with disabilities.

Additional funding will increase the ability to create and improve access to activity across Fife. Reducing barriers to activity' costs, facilities and perceptions continues to challenge all initiative and projects. Ongoing work to understand the needs of our communities, individuals and families assists with planning programmes, taking into account any impact from COVID-19 in changing how people play, participate and exercise.

Summary

Play and physical activity is essential for healthy development in children and contributes to lifelong physical and mental health and wellbeing.

Find out more

[Active Fife - leisure hub](#)

[Physical activity overview - Physical activity - Health topics - Public Health Scotland](#)

Housing

Why is this important?

Housing has a vital role to play in promoting child development by providing a safe and secure place for children to grow, play and learn in a homely and nurturing environment.

Background

In 2021 the Scottish Government set out its vision for the Housing Sector in its 'Housing to 2040' Strategy.¹ This was in the context of an emphasis on preventing homelessness. Homelessness prevention duties on all public bodies are widely expected to form part of a forthcoming Housing Bill.² Pressure on housing services continues to be affected by the impact of the COVID-19 pandemic. In Fife the number of homeless applications and households in temporary accommodation remains higher than pre-pandemic.³

Scottish Government data 2020-2021 shows that within Scotland Fife has amongst the highest number of homeless households.³ Homeless households with children spend on average longer in temporary accommodation than those without. The Draft Fife Local Housing Strategy 2022-2027 states that 22% of homeless households in Fife are single parents and 24% of homeless assessments include dependent children.⁴

Modifiable factors/local actions

Housing and homelessness issues are entwined with other aspects of inequality such as employment and poverty. Fife's Local Housing Strategy includes actions to address the housing needs of populations where children and young people may be most at risk.⁴ This includes those experiencing domestic abuse or with no recourse to public funds, care experienced young people, children in temporary accommodation, and closer working with child health and maternity services.

In Fife the Rapid Rehousing Transition Programme (RRTP) Board will establish a multiagency Homelessness Prevention Task Force. It will also work with the Centre for Homeless Impact to develop a local framework in line with the SHARE tool that aims to achieve the following: 'Scotland will be a society in which homelessness is prevented whenever possible or otherwise will be rare, brief and non-recurring'.^{5,6,7}

Summary

Housing provision and the prevention of homelessness need to take account of children's rights based approaches in line with the UNCRC.

Find out more

<https://www.gov.scot/publications/housing-2040-2/documents/>

<https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation-analysis-consultation-responses-final-report/>

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/06/homelessness-scotland-2020-2021/documents/homelessness-scotland-2020-21/homelessness-scotland-2020-21/govscot%3Adocument/homelessness-scotland-2020-21.pdf>

<https://www.fife.gov.uk/kb/docs/articles/housing/local-housing-strategy>

<https://www.homelessnessimpact.org/share-tool>

<https://www.scotpho.org.uk/wider-determinants/homelessness/key-points/>

https://scotland.shelter.org.uk/housing_policy/homelessness_in_scotland

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Greenspace and wellbeing economy

Why is this important?

Greenspace Scotland outlines research demonstrating how greenspace can give children the best start in life and act as an outdoor classroom.¹ Greenspace provides places for children to play and promotes their social, emotional, intellectual and physical development. Wellbeing and sustainability can be seen as a children's rights issue due to the impact on future generations.²

Background

The Place and Well-being Collaborative have recently developed a set of Place and Well-being outcomes for Scotland.³ This work reflects the well acknowledged important effect the kind of the place in which we live, work and play has on our health and well-being. Issues of place are entwined with sustainability and the nature of economic development. Scotland is part of the OECD Wellbeing Economy Governments Group exploring wellbeing and economics, and meeting UN Sustainable development goals.³

Modifiable factors/local actions

Targets and indicators for place and well-being are being developed at national level and will inform further development of actions covered in Fife strategies on Transport, the Climate Emergency, Sustainability and Greenspace.^{4,5} This links to the Play Strategy for Scotland which has the ambition for all children and young people to enjoy outdoor free play in stimulating spaces with access to nature on a regular basis, and in Fife the Play Spaces Strategy provides a plan for upgrading play facilities across Fife.^{6,7}

Fife has been part of a Scottish Government pilot programme supporting local areas to build capacity for community wealth building, now embedded as part of the Plan for Fife Recovery and Renewal review. Other collaborative projects in Fife are in progress which will contribute to the joint priorities of community wealth building and developing a green and sustainable environment to benefit future generations. These include: establishing a Green Health Partnership, the River Leven Programme and the work of partner organisations to develop their role as Anchor institutions.⁸

Summary

The priorities of place-making, community wealth building, and sustainability are shared by partners across Fife and is evident already in work to address these areas. The rights, voices and best interests of children and families should be taken into account in these initiatives.

Find out more

<https://www.greenspacescotland.org.uk/Pages/Category/greenspace-delivers>

<https://childreninscotland.org.uk/economy-must-be-redesigned-to-focus-on-wellbeing-and-environmental-sustainability/>

<https://www.gov.scot/groups/wellbeing-economy-governments-wego/>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes>

<https://www.fife.gov.uk/kb/docs/articles/roads,-travel-and-parking/local-transport-strategy>

<https://www.nhsfife.org/about-us/sustainability/sustainability-and-environmental-reporting/>

Climate

Why is this important?

The climate crisis is particularly relevant for children and young people, as they will be exposed to it for longer, and so will benefit most from harm reduction. This includes improving air quality and averting ecological changes such as extreme weather events.

Background

NHS Scotland published its Climate Emergency and Sustainability Strategy last year, which sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals. This acknowledges how we need to change the ways we work to avert and deal with the consequences of climate change, and the need for a change in our culture to support this.

It is important that changes in response do not exacerbate inequality and follow the principles of a 'just transition', taking account of the effect on different groups and generations. The impact of climate change can be hardest on those who are already worse off. This affects children and young people in particular because altering where they live or their health can affect their opportunities for the rest of their life. Research shows they are also most affected by anxiety about ecological issues and so addressing the climate crisis may help improve mental wellbeing.

Modifiable factors/local actions

Organisations and communities in Fife can work to address climate change through:

- listening to and involving children and young people in solutions, to promote a sense of positive agency locally for sustainability while accepting some levers lie at global level
- changing the ways that large organisations work through Anchor Institution principles
- helping all staff and communities to understand and respond to sustainability
- sharing resources, for example looking into how green space in NHS sites can be used by other groups and organisations
- working with local partners such as the Green Health Partnership and Fife Conference of the Partners.

Summary

The climate crisis will affect the lives of today's children and young people as well as future generations, and their voices are integral to working towards solutions

Find out more

[NHS Scotland climate emergency and sustainability strategy: 2022-2026 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/02/NHS_Scotland_Climate_Emergency_and_Sustainability_Strategy_2022-2026.pdf)

[Mission and Goals | International Institute for Sustainable Development \(iisd.org\)](https://www.iisd.org/)

[The NHS as an anchor institution \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/the-nhs-as-an-anchor-institution)

[https://doi.org/10.1016/S2542-5196\(21\)00278-3](https://doi.org/10.1016/S2542-5196(21)00278-3)

<https://www.penumbra.org.uk/climateanxietyandyoungpeople/>

The promise and adversity



The promise and care experienced children and young people

Why is this important?

In 2020 Scotland made a promise to care experienced children and young people: You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept**.

Background

The Independent Care Review (ICR) 2020 listened to 5,500 care experienced infants, children, young people and families who shared their experiences. The ICR identified that many did not feel loved, safe or respected. The conclusions and recommendations from the ICR shaped The Promise Action Plan (2021-2024). Longer term outcomes for those who are care experienced have been shown to be adverse compared to other groups, including health and educational outcomes. Those who have been in looked after can also experience stigma as a result.

Becoming looked after involves a formal supervision order following a Children's Panel Hearing and reasons include lack of parental supervision or exposure to harm. Children can be looked after at home, in kinship care, fostering, or in residential accommodation. Fife currently has 165 children looked after at home and 578 children looked after away from home from period 9th March 2023 until 5 April 2023.

Modifiable factors/local actions

The Promise is an identified priority area within Fife Children's Services Plan (2021-23) and there is a commitment from Fife's Children's Services Partnership to collectively deliver the Promise to improve the experiences and outcomes of: those who experience care, those who may be described as on the 'edge of care', and those who have a requirement for additional services to support them to live safely at home.

Currently, there is mapping activity being undertaken across all sectors in Fife for partner agencies to identify how they are meeting the priorities highlighted within the Promise. This will inform gaps that need addressed, including support into young adulthood. A recently established working group within Fife Children's Services will explore means to increase awareness of the Promise and build capability across the workforce in social work, health, education and other agencies to embed the Promise into everyday practice.

Summary

The promise is hugely important, in aspiring for more child-centred and systemic support for children, young people and families when they encounter services, leading to better experiences and long term outcomes.

Find out more

<https://thepromise.scot/what-is-the-promise/independent-care-review>

[Fife-CS-Plan-2021-23-v2.pdf](#)

[Fife-CS-Plan-2021-23-v2.pdf](#)

<https://doi.org/10.23889/ijpds.v7i3.2020>

Domestic abuse

Why is this important?

The Domestic Abuse Scotland Act (2018) outlines that domestic abuse has a significant impact on babies, children and young people. This may be through direct experience, witnessing abuse to a parent or family member, or being present in a family environment where domestic abuse is taking place.

Background

During 2021-22, 782 children in Fife were discussed at a multi-agency risk assessment conference, or MARAC - an indicator of the number of children living within high-risk domestic abuse settings. 461 children were supported by Fife Women's Aid. 57 children and 41 mothers were supported by CEDAR Plus, a programme which helps recovery.

Fife has a slightly higher rate of reported domestic abuse incidents than Scotland as a whole, with the gap increasing in the last few years. Data may be an underestimate due to the impact of COVID-19 restrictions during this reporting period and the hidden nature of domestic abuse.

Modifiable factors/local actions

Actions and supports are outlined in the Fife Violence Against Women Action Plan 2020-22:

- Free telephone support line for children; Children and Young People Counselling; Join the Dots programme providing one-to one support, family support and Primary and Teen groupwork support. (Fife Women's Aid)
- CEDAR Groupwork (Children Experiencing Domestic Abuse Recovery) for 4 to 16-year-olds and their mothers; EYDAR Groupwork (Early Years Domestic Abuse Recovery) for mothers with children 0-4 years (Family Support Service, Fife Council)
- Safe & Together training is mandatory for Children & Families staff, focussing on keeping children safe with the non-offending parent within a domestic abuse situation.

Summary

Domestic abuse can cause a variety of social, emotional and educational disadvantages, including attachment issues, therefore preventive work and adequate support services are necessary to support children and young peoples' development into adulthood.

Find out more

[CEDAR Plus \(domestic abuse\) | Fife Council](#)

[Services for Children & Young People - Fife Women's Aid \(fifewomensaid.org.uk\)](#)

[Fife Violence Against Women Partnership | Fife Council](#)

[Scotland's Programme for Government Commits to Safe & Together Model - Safe & Together Institute \(safeandtogetherinstitute.com\)](#)

Neglect and child protection

Why is this important?

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses and has major long term health consequences. Other forms of maltreatment include physical, emotional and sexual abuse.

Background

Neglect can occur both pre- and post-natally. It may involve failing to: provide adequate food, clothing, or shelter; protect the child from physical/emotional harm or danger; respond to essential emotional needs; seek consistent access to appropriate medical care; and ensure the child receives an education. This can co-exist with other difficulties such as domestic abuse, parental substance use, parental mental health problems.

42% of children in Scotland who were on a Child Protection Plan or on the Child Protection Register had an indication that neglect was a concern. Neglect was identified as a common concern in most Initial Case Reviews in Scotland by the Care Inspectorate. In July 2022 the rate of Child Protection Registrations in Fife was 2.1 per 1000, relating to 136 children, a reduction since 2021, and similar to the rate in Scotland. There is increasing evidence of a causal link between child abuse and neglect, with later poor health and premature death.

Modifiable factors/local actions

Fife has strong multi-agency working led by the Child Protection Committee with a focus on continuous improvement and keeping children safe. A supportive and early intervention approach to families in distress is important. NHS Fife is also implementing the Graded Care Profile 2 (GCP2), a tool that improves the assessment of quality of care being given and identification of when a child is at risk of harm/neglect. This is for core staff teams such as health visitors.

While many factors play a part, poverty has an association with levels of child abuse and neglect in contributing to family stress, therefore anti-poverty measures may reduce levels of neglect.

Summary

Measures to support families to prevent neglect and abuse, early identification, support and intervention, will have lifelong consequences for health outcomes and future costs to society in terms of crisis or late intervention and care.

Find out more

[Getting it right for every child \(GIRFEC\) - Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014 - gov.scot \(www.gov.scot\)](#)

[Child Protection | Care Inspectorate Hub Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](#)

https://www.fife.gov.uk/_data/assets/pdf_file/0021/401565/CPC-Annual-Report-2020-21-FINAL-Academic-year.pdf

<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

[The serious health consequences of abuse and neglect in early life | The BMJ](#)

Young carers

Why is this important?

The Carers (Scotland) Act 2016 gives rights to carers including young carers, who can face hidden social, emotional and educational disadvantages as a result of caring for a family member with a long-term health issue or disability.

Background

There is no definitive number of young carers in Scotland and it is acknowledged that numbers reported in formal surveys may be an underestimate. In 2021 in Scotland 2% of children aged 4-15 years old reported providing any regular help or care for any sick, disabled, or frail person, this was a decrease from the 4% reported in 2019 when the full Scottish Health Survey was carried out. For young people aged 16-24 years old, 9% reported carrying out regular help, an increase from 7% in 2019. In Fife this equates to around 1000 children and 3,500 young people. However in a Fife Education survey in 2018 over 6000 children and young people in school identified themselves as a young carer.

Young carers are more likely to be female and more likely to live in areas of deprivation, and are twice as likely to report a mental health problem including stress, anxiety and depression. A higher level of physical health issues has also been described. Their caring role may limit social activities and contribute to social isolation; however, there can also be benefits in the caring role, such as responsibility and maturity.

Modifiable factors/local actions

The 'Getting it Right for Young Carers in Fife' strategy (currently being updated) reflects the partnership work of all Children's Services, working together to support young carers in Fife. Fife Young Carers enable young carers to meet regularly in supportive social groups across Fife. They also provide direct support to schools to help raise awareness of the issues Young Carers face, and to support the Young Carers Champions identified in each school.

From consultation with young carers the following areas have been identified as important:

- Further awareness raising in schools and support to access help
- Support to access activities and opportunities in the communities
- Support with transitions into adulthood
- Support with mental health, especially during school holidays

Summary

Providing support for young carers is important to realise their potential and reduce health inequalities.

Find out more

[Young-Carers-Guide-2018_V4.pdf \(fifehealthandsocialcare.org\)](#)

<https://www.fifyoungcarers.co.uk>

[Young carers: review of research and data - gov.scot \(www.gov.scot\)](#)

[National Strategic Education Project | Carers Trust Scotland](#)

Refugee and asylum seeking children and young people

Why is this important?

It is a human right to be able to seek asylum in another country. Children and young people usually come as part of a family unit, but unaccompanied young people are a particularly vulnerable group.

Background

Fife's Resettlement Core Group oversees approaches to support urgent resettlement and displacement programmes. Close partnership working has been crucial and health responses vital in meeting urgent needs and pathways to early integration. The response has evolved significantly in the last three years, and countries of origin include Syria, Afghanistan and Ukraine, under a variety of different programmes. This is a dynamic community and young people have been supported in the Afghan bridging hotel, the Homes for Ukraine sponsorship scheme, the Super Sponsorship scheme and Welcome Accommodation (hotels) providing interim sanctuary.

There can be significant social, physical and mental health needs, and there may be barriers in terms of language, culture, finance, and stigma which can impact on access to health and other services. Many families may have experienced psychological trauma as part of their journey.

Key health aspects for children include age appropriate health care, which includes prevention, such as ensuring immunisations are up to date, and access to relevant health services such as primary care and maternity care. Integration into education and the wider community can positively support ongoing child development.

Modifiable factors/local actions

There are challenges in some services to meet the needs of this group for example, with finding suitable longer term housing options for some families, as young people and families in temporary accommodation may not be able to benefit from normal family life and opportunities a settled home provides, and uncertainty for the future can affect wider wellbeing.

Summary

Support for children, families and young people who are refugees or asylum seekers to access healthcare and other services is essential to meet their needs.

Find out more

[Refugees and asylum seekers - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH](#)

Living well



Food and diet

Why is this important?

A healthy diet brings a wide range of benefits for physical and mental health. Poor diet and nutrition is a major 'downstream' cause of ill-health, chronic disease, and premature death in Scotland. A healthier diet with a higher proportion of fruit and vegetables can substantially reduce the risk of many chronic diseases including the two leading causes of death in Scotland - coronary heart disease and cancer.

Background

In Fife, 77.3% of children measured in Primary 1 have a healthy weight. Children in Scotland report eating on average 3 portions of fruit and vegetables per day, compared to the recommended 5 or more portions. Children tend to consume foods and drinks that are high in fat and/or sugar more often than adults, and those in more deprived areas are more likely to eat no portions of fruit and vegetables than other areas. There is higher prevalence in obesity in the most deprived areas of Fife compared to least deprived. In Scotland 7% of families with children are classed as food insecure. Foodbank use is significant with over 5,506 parcels given out to children specifically in 2021/22 in Fife.

Modifiable factors/local actions

Multiple factors influence our diet including knowledge, skills, affordability, accessibility, marketing and energy density of food. To improve the diet of Fifiers we need to build capacity and resilience within individuals, families and the communities in which they live, and tackle food insecurity. This includes:

- The Child Healthy Weight Programme in Fife, Fife Loves Life, supports positive family friendly lifestyle changes, including eating well and physical activity.
- Early years funding has been secured for training the trainer HENRY Core Training, in partnership with NHS Lothian and Fife Council Early Years Education. The HENRY approach is designed to build the skills of practitioners to provide effective support for families and children in achieving a long-term healthy lifestyle.
- Fife Food Champions are a network of trained individuals who have a remit for food in their job/volunteer profile. They are trained to enable them to deliver key messages around eating well and cooking workshops in communities.
- The Food4Fife Partnership is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help address health, environmental and economic challenges by creating a sustainable food culture for a healthy Fife via a strategy and action plan.

Summary

Children, young people and families need to be supported in the early years and beyond to establish lifelong healthy eating habits, and in the longer term reduce health inequalities in avoidable diseases and complications.

Find out more

[Fife's Food Strategy Consultation - Food from Fife](#)

[Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland](#)

[Healthy weight - Diet and healthy weight - Health topics - Public Health Scotland](#)

Smoking and children and young people

Why is this important?

Health Inequalities are apparent from an early age, and are exacerbated by avoidable harms such as smoking. Smoking is more prevalent in the most deprived areas in Fife. The younger the age of uptake of smoking, the greater the harm is likely to be; early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

Background

Cigarette smoking during childhood and adolescence causes significant health problems among young people including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung function. Longer term smoking leads to many health risks including lung disease, oral and lung cancer and circulatory problems.

Smoking prevalence increases significantly between the ages of 13 and 15 years and continues to rise steadily into early adulthood. In 2018 rates were higher in Fife than the national average: 2% of 13 year olds and 8% of 15 year olds smoke in Fife, and 17% of 13 year olds and 41% of 15 year olds believe that it is 'ok' to experiment with tobacco, a key risk factor for future tobacco dependence. Babies, children and pregnant mothers are particularly vulnerable to the effects of second hand smoke within enclosed spaces such as the home environment, and in Scotland the rate of child exposure to smoking in the home has fallen significantly over the last 10 years.

E-cigarette use or vaping was also higher in Fife than Scotland, with 41% of 15 years olds reporting trying this. While less harmful than smoking, adverse effects may include addiction and exposure to chemicals in the e-liquids.

Modifiable factors/local actions

Local actions look to promote a culture where young people are not tempted to experiment with smoking, encourage each other to avoid smoking and have an active voice in health policy and practice by:

- raising awareness of the impact of smoking on children and young people, peer influences and tobacco industry tactics through school based and further education programmes
- developing smoke free environments for children and young people through our Smoke Free Homes programme and promote smoke free school gates and play parks
- working with partners to identify ways in which they can contribute to the tobacco prevention and early intervention agenda with the aim of supporting Fife to achieve the aspirational goal of a Smokefree generation by 2034.

Summary

Tobacco control measures are a key part of reducing health inequalities and cancer prevention. The aim is to cultivate an environment where all children and young people view non-smoking as the social norm.

Find out more

[Tobacco prevention and protection | NHS Fife](#)

[Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 \(www.gov.scot\)](#)

[Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) - gov.scot \(www.gov.scot\)](#)

Mental health and wellbeing

Why is this important?

The Scottish Government's Community Mental Health & Wellbeing Supports & Services Framework (CMHWSS Framework) states that every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing. Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This support will be available in the form of easily accessible support close to their home, education or community

Background

Children's emotional and mental health and wellbeing is just as important as physical health. Risk factors for mental disorders are not fully understood, however genetic factors play a part, and childhood adversity or abuse is recognised as associated with increased likelihood of some conditions in later life. Family, peer and school relationships are crucial in emotional wellbeing, and disability, physical health conditions and the experience of discrimination are associated with an increased likelihood of mental health disorders. Some evidence suggests that prenatal and maternal health can also be relevant.

Evidence from a number of collated studies showed that the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in over half (62.5%), with a median age at onset of 14.5/18 years across all mental disorders. While many childhood problems will resolve, prevention and early intervention in children and young people in the community is of major importance for the entire life course.

The prevalence of poor mental health and emotional wellbeing across Scotland's children and young people has incrementally increased over the past five years, with services supporting children and young people experiencing year on year increases in presentation and complexity.

Between April and June 2021, 7,522 Fife young people took part in the SHINE mental health survey, key themes from the data indicates that in Fife young people are struggling with self-confidence, loneliness, poor body image and maintaining positive peer relationships. Levels of wellbeing in girls in secondary school age are of particular concern, and this has been noted nationally for some time.

Specialist referral data indicates that many young people who are referred to CAMHS do not meet the criteria for their service, and therefore alternative support in the community may be more appropriate.

Child and Adolescent Mental Health Service

In addition to the objectives set out in the CMHWSS Framework, the Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification articulates the role and function of CAMHS services across the country and how it should link with wider service providers in order to achieve these objectives.

Key aims within this are the Scottish Government's CAMHS 18 week Referral to Treatment Target (RTT), reduction in waiting times, the recruitment, retention and development of a skilled workforce, and the provision of high quality, evidence-based care that is informed by the views, experiences and rights of children, young people and parents/carers.

Within Fife approximately 3,000 children per year are referred to Fife CAMHS with a spectrum of mental health issues ranging from short term emotional difficulties through to severe mental illness that requires intensive intervention and occasionally inpatient care.

Modifiable factors/local actions

The CMHWSS Framework was implemented across Fife in 2021 with the aim of enhancing and extending community supports and services that target mental wellbeing and emotional distress. It supports an approach based on prevention and early intervention, enhancing provisions of additional (targeted) supports for young people aged 5-24 (up to 26 if care experienced), and their families to support their mental health and wellbeing, reducing the need for intensive interventions from specialist services.

Fife CAMHS carried out a gap analysis of the current provision mapped against the National Specification and from this has been working to an agreed improvement plan. Improvements have focussed upon:

- Increasing the provision of early intervention and promoting meaningful signposting to the range of mental health supports available across the community.
- Reducing waiting times and ensuring timely access: Fife's waiting list has reduced from 482 in Dec 2021 to 203 in Dec 2022 with only 15 children waiting more than 18 weeks compared to 165 in Dec 2021.
- Enhancing services that provide intensive and unscheduled care: CAMHS Intensive Treatment Service (ITS) and Urgent Response Teams (CURT) have both increased in staffing capacity between 50-80%.
- Developing and enhancing services that support the most vulnerable children in our communities: development of a CAMHS Kinship Team, expanding CAMHS Looked after Children's services and introducing a Transitions specialist to support young people as they move between support providers.

Summary

Supporting positive relationships in families and the community is essential for emotional wellbeing. Every child and young person in Fife should be able to access help with their mental health and emotional wellbeing, when they need it and from people with the right knowledge and skills to support them.

Find out more

[Mental health - CAMHS services in NHS Fife | NHS Fife](#)

[Young People Looking for Support - Worried About Someone's Mental Health? | Fife Council](#)

https://www.fife.gov.uk/_data/assets/pdf_file/0026/193382/Our-Minds-Matter-Framework.pdf

<https://doi.org/10.1038/s41380-021-01161-7>

<https://doi.org/10.1002/wps.20894>

<https://www.gov.scot/publications/factors-affecting-childrens-mental-health-wellbeing-findings-realigning-childrens-services-wellbeing-surveys-2015-2017/pages/6/>

<https://wakelet.com/wake/uarnrJazimikLPbzVlpGeX>

<https://wakelet.com/wake/hsMfBQBdo5-VsAWzJ00jK>

Impact of alcohol and drugs

Why is this important?

In young people alcohol and drug use can cause serious harms such as poisoning and overdose, poor mental health and wellbeing, as well as contribute to accidents and other risk taking behaviours. In the longer term consumption increases the risk of cancers, and at higher levels, addiction, brain and liver damage. Substance misuse within the family can also seriously affect children and young people's wellbeing and health, and contribute to trauma which can have lifelong implications.

Background

Evidence shows that use of substances like alcohol and drugs in our youth can influence our life long habits, with early substance use associated with longer term misuse, which cuts short lives.

Total alcohol consumption amongst young people has been declining but hazardous and harmful drinking is highest in the 16-24 age group. Children and young people's drinking behaviours are influenced by the availability and marketing of alcohol in their communities and social networks, and unhealthy social norms around alcohol in society.

Drug use is generally more common among younger people than older age groups, decreasing with age. Estimates of problem drug use involving opioids and benzodiazepines from 2015/16 indicate that problem drug use is less common in young people compared to people 25 and over, but we know that problematic drug use is associated with early drug use initiation.

In Fife there is a high alcohol related admission rate for 11-25 year olds with an annual average of 252 admissions in the previous three years, an indicator of serious harm from alcohol affecting some of our young people.

In Fife admissions due to drug use in young people have been increasing, and are higher than Scotland overall, with 144 admissions on average in each of the last three years. An increasing number of people aged 18-25 are sadly dying of a drug related death in Fife.

Family drug and alcohol misuse can significantly affect children and young people before birth. Just over 1 in 30 people in Scotland are estimated to be affected by fetal alcohol spectrum disorder caused by alcohol exposure in pregnancy.

Growing up with a parent with substance misuse problems can contribute to distressing childhood trauma. For example 97 children in Fife were subject of child protection case conferences due to parental drug or alcohol misuse in 2020 and many more young lives have been affected by a drug-related death of a parent.

Modifiable factors/local actions

Factors which increase the risk of harms from drug and alcohol misuse for young people are complex and interrelated. Socioeconomic factors are thought to influence higher risk of alcohol and drug related harms in the longer term, through more exposure to risk factors for drug misuse and less to protective factors like education, secure housing, employment and recovery support. This contributes to inequalities in harms associated with drugs and alcohol. Experience of adversity in childhood and family and peer relationships (including parental substance misuse) are thought to be important. At an individual level early age at initiation, poor mental health and motivation for substance misuse are associated with higher rates of harm.

Positive interventions:

- **A range of interventions to support children and young people are available in Fife** – including services for children affected by parental substance use service; Youth friendly drug/alcohol support and information service for young people under 25 and kinship care investment.
- **Our minds matter mental health framework** – providing early intervention and prevention to support mental health resilience and support including peer to peer mentoring and crisis support for early signs.
- **Joint commissioning for whole families approach to substance misuse** – this work aims to increasing coverage for Fife families of proactive support and care.

Areas for action:

- **Structural determinants of substance misuse** – local policies should seek to undo, prevent and mitigate against the circumstances which increase the risk of alcohol and drug misuse including poverty, education, employment and housing.
- **Whole system prevention and early intervention** – need for system wide prevention and early intervention including universal and targeted education, early years support for women- and families with complex needs and substance use; and removing stigma and shame associated with drug use.
- **Trauma informed support** - for complex drug and alcohol misuse in children and young people (including appropriate and stable housing with support/residential support).

Summary

Alcohol and drug misuse causes much direct and indirect harm to children and young people and policies must take account of these effects on inequalities and the next generation.

Find out more

[Publications | FifeADP](#)

[Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

[Prevalence of Problem Drug Use in Scotland \(isdscotland.org\)](#)

[Developments in Fetal Alcohol Spectrum Disorders – a UK perspective \(shaap.org.uk\)](#)

[ScotPHO profiles \(shinyapps.io\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

Sexual health and child sexual exploitation

Why is this important?

Action to promote healthy relationships, prevention of unintended pregnancies, sexually transmitted infections and transmission of blood borne viruses is important to address health inequalities. There is a disproportionate impact of these public health challenges for children and young people especially girls. Healthy relationships also lay the foundations for the parents and families of the future.

Background

Whilst teenage pregnancy rates (births, stillbirths and abortions) among under 18s in Fife have been falling in line with national trends, Fife rates are higher than the Scottish average, and are significantly higher in the most deprived areas. Early sexual activity is often regretted, particularly by girls and pregnancies are more likely to end in termination. The rate of intimate partner violence is reported to be high in teenage relationships, and rates of diagnosed sexually transmitted infections are highest in people aged under 25.

Modifiable factors/local actions

There is a renewed focus following the pandemic to work across agencies to promote positive relationships and sexual health and wellbeing, recognising the additional challenges faced by underserved groups, such as care experienced young people, those with mental health or addiction issues, and diversity including LGBT young people.

The national educational resource on Relationships, Sexual Health and Parenting was launched in 2019. Work is underway to increase capacity and confidence of practitioners to develop and deliver age appropriate learning session using the tools included in the resource pack. This links to aspects of staying safe, including online, to prevent and address child sexual exploitation.

Access to high quality information for young people, their parents and carers, as well as appropriate support and health services is important, based on understanding of the experiences and pressures faced by young people today.

Summary

Supporting good outcomes for young people in relationships and sexual health and wellbeing will need a renewed focus on tackling inequity affecting young people in underserved localities and groups.

Find out more

[Reset and Rebuild - sexual health and blood borne virus services: recovery plan - gov.scot \(www.gov.scot\)](#)

[Pregnancy and Parenthood in Young People Strategy - gov.scot \(www.gov.scot\)](#)

[Pregnancy and parenthood in young people: second progress report - gov.scot \(www.gov.scot\)](#)

[Relationships and sexual health - Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](#)

[The FSRH Hatfield Vision - Faculty of Sexual and Reproductive Healthcare](#)

Digital environment

Why is this important?

Digital technology has transformed our society in the last twenty years, including work, leisure, culture, social interactions and networks. The long term effects on development of children and young people, both positive and negative, are not yet fully understood.

Background

Survey data from Ofcom indicates that in 2022 66% of children aged 3-17 in Scotland owned a mobile phone, 96% use video streaming platforms, 65% use social media and 32% had seen something worrying or nasty online.

There are many positive impacts from digital technology including communication, learning and accessibility. Lack of access to devices or reliable internet, or literacy to interact with the digital world can result in exclusion from the benefits including education and services. The more negative aspects, especially from overuse, can include isolation and displacement of more active, social activities which are known to be positive for health; not being able to switch off; sleep disturbance; bullying; exploitation; gambling; concerns around data security and privacy; exposure to violence in video games. There is particular evidence around concerning levels of children being exposed to pornography, often depicting violence against women and girls, which could influence actual sexual behaviour and practices.

Harms may be reduced by adults setting a good example, setting boundaries and keeping open communication with young people about screen use. Adults being excessively distracted by devices could result in impaired quality of interaction with infants, children and young people.

Modifiable factors/local actions

Positive actions include:

- Listening to the views and experiences of young people, ensuring accessibility of digital information and use of technology to support those with additional needs.
- Promoting intergenerational learning where young people can share skills with adults.
- Supporting parents and carers with information about managing screen use and avoiding harms across relevant settings.
- Positive use of digital platforms for health such as the Fife Health and Social Care Partnership Shout text service, for mental health and wellbeing.
- Support regulation at national level to reduce the likelihood of children and young people being exposed to harmful material.

Summary

The principles of protection of children from harm and promoting wellbeing should apply in the digital environment, just as in the physical environment.

Find out more

<https://www.childrenscommissioner.gov.uk/resource/pornography-and-harmful-sexual-behaviour/>

<https://www.childrenssociety.org.uk/information/professionals/resources/young-peoples-digital-lives-and-well-being>

[https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30029-7/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30029-7/fulltext)

Services and support



Immunisation

Why is this important?

Delivery of effective immunisation programmes is an NHS Scotland priority. They aim both to protect the individual and to prevent the spread of disease within the wider population. Immunisation is a global health success story, saving millions of lives every year. Vaccines are critical to the prevention and control of many communicable diseases and therefore underpin global health security.

Background

The World Health Organisation (WHO) target is for 95% coverage of the childhood vaccination programme. Uptake at 12 months of the 6-in-1 infant vaccine, 3 doses offered at age 8, 12 & 16 weeks, was 94.6% in Fife in 2022 and 95.7% in Scotland. Uptake has declined in Fife over the last 10 years and at 12 months there are differences in uptake of the 6-in-1 vaccine between those in the most deprived SIMD quintile: 91.3% compared with the least deprived 97.7%. By 5 years of age, uptake of the first dose MMR, offered just after 1 year, is above 95% in Fife. However, uptake of the second dose is 88% compared to 90.5% for Scotland, below the WHO target. Inequalities are even wider in the teenage programme. For example, in Fife in the 2021/22 school year uptake at S3 of the teenage booster protecting against tetanus, diphtheria, and polio was 55.1% for the most deprived quintile and 81.8% for the least deprived.

Modifiable factors/local actions

The Fife Immunisation Strategic Framework 2021-24 sets out a vision for “A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course”. It identifies four strategic priorities and key actions for each of these. This includes the development of a comprehensive equality impact assessment and inclusion action plan. Quality Improvement project work focussed on specific parts of the programme is in progress, e.g. pre-school MMR uptake. A strategic review of the delivery and outreach model for the children’s programme is also being undertaken.

Summary

Ensuring high and equitable vaccine uptake rates throughout childhood and teenage years is essential for protecting the population of Fife against Vaccine Preventable Disease.

Find out more

<https://www.nhsfife.org/services/all-services/immunisation/>

<https://www.nhsinform.scot/healthy-living/immunisation>

<https://www.publichealthscotland.scot/our-areas-of-work/immunisations/>

<https://www.who.int/health-topics/vaccines-and-immunization>

Pregnancy and newborn screening programmes

Why is this important?

As well as clinical tests during pregnancy, there are a number of national screening programmes covering tests offered to women and their babies to potentially identify health conditions early.

Background

Pregnancy screening covers:

- Infectious diseases (Hepatitis B, syphilis and HIV);
- Haemoglobinopathies (sickle cell and thalassaemia);
- Down's syndrome, Edwards' syndrome and Patau's syndrome.

The Newborn Bloodspot test is carried out at about five days old which can identify babies who may have rare but serious conditions including Phenylketonuria; Congenital Hypothyroidism; Cystic Fibrosis; Sickle Cell Disorder and others. Newborn screening also covers Universal Newborn Hearing Screening which is carried out in hospital or at outpatients in the first month.

Modifiable factors/local actions

Each screening test has an associated pathway with further tests and access to clinical services where relevant, and each part needs to communicate smoothly across the whole.

Monitoring data is very complex for these programmes as a range of professionals are involved. Screening information is held on a number of different clinical systems. National and local work is aimed at improving this.

Summary

Pregnancy and newborn screening covers a diverse range of health conditions and gives the possibility of early identification and intervention as appropriate.

Find out more

<https://www.pnsd.scot.nhs.uk/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/pregnancy-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/newborn-blood-spot-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/universal-newborn-hearing-screening/>

Dental health

Why is this important?

Good dental health in childhood is critical to a child's overall health and wellbeing, and to their school readiness. Children experiencing toothache may experience pain, infections, and sleepless nights and may find eating and socialising difficult. They risk missing school as a result of toothache or needing treatment. Poor dental health is linked through common risk factors including diet to a number of other health conditions, including obesity, diabetes and cardiovascular disease, and is almost entirely preventable.

Background

As of 30th September 2022, 86.6% of Fife's children were registered with an NHS dentist, compared with 92.6% in 2019. The proportion of children seeing an NHS dentist for examination or treatment within the two preceding years was 66% as of 30th September 2022, compared with 85.7% in 2019. There is a growing inequality gap in attendance between the most and least deprived children, from a gap of 6.7% in 2019 to 18.1% in 2022. Nationally, registration levels for 0 to 2-year-olds have dropped to 25% since the pandemic.

In Fife, the estimated rate of children with no obvious decay experience was 70.9% in 2022, down from 73.1% in 2020. The estimated rate of children experiencing severe decay or abscess was 11.7%, up from 3.4% in 2020; this compares to an increase for Scotland from 6.65% to 9.7% in 2022. The increase can be partly attributed to the impact of the pandemic.

Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5). In 2022, 743 children in Fife received dental treatment under general anaesthetic, down from 920 in 2019.

Modifiable factor/local actions

Local priorities align with national policies aimed at increasing registration and participation, preventing disease and reducing inequalities.

Scotland's national oral health improvement programme for children, Childsmile, has now fully remobilised in NHS Fife. Application of fluoride varnish has resumed in Primary 1 to Primary 4 children, with the intention to extend this up to Primary 7 after the summer.

Summary

Given the preventable nature of most dental disease, we should emphasise prevention at every possible opportunity across health and social care to improve health and reduce persisting inequalities.

Find out more

[Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

[Recovery of NHS dental services inquiry | Scottish Parliament Website](#)

[National dental inspection programme - National dental inspection programme - Publications - Public Health Scotland](#)

[Childsmile – Improving the oral health of children in Scotland \(nhs.scot\)](#)

[Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

Child death reviews

Why is this important?

In 2014 the Scottish Government published the findings of the Child Death Review Working Group. It found that Scotland had a higher mortality rate for the under 18s than any other Western European country, and it was estimated that around a quarter of the deaths recorded could be prevented.

Background

A national system has been set up following this report to review and learn from all child deaths, similar to the system in place in England. The Fife Children & Young People Deaths Review Commissioning Group was set up in October 2021. The commissioning group's core membership is multi-disciplinary and multi-agency. This collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement, both locally and nationally, from every child or young person's death in Scotland. Within scope are all deaths of children and young people up to their 18th birthday and also those up to their 26th birthday if they continue to receive aftercare or continuing care at the time of their death.

Substantive funding provided by NHS Fife led to the establishment of a dedicated Child Death Review Team, and this has allowed reviews of all board area child deaths in 2022. The main causes include prematurity and complications, genetic and lifelimiting conditions including cancer, along with unexpected deaths. Family support following bereavement and support for families is part of the process.

Modifiable factors/local actions

There has been a significant amount of work developing the team and processes in Fife. Further actions include:

- Engaging families to the full capacity outlined in the national requirements
- Ongoing work to share learning about the process across all partner agencies and linking with other processes for review of deaths from specific causes
- Contributing to the system of national data collection and opportunities for national learning.

Summary

Child death reviews can identify areas of good practice and learning for the future to identify opportunities for prevention.

Find out more

<https://www.gov.scot/publications/child-death-review-report-scottish-government-child-death-review-working-group/>

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/deaths_of_children_reviews.aspx

<https://www.gov.scot/publications/child-death-reviews-scottish-government-steering-group-report/>

Family support

Why is this important?

A focus on whole family wellbeing is a key principle in 'The Promise' following the Independent Care Review, which confirms families need to have access to adaptable and flexible services to ensure children and young people can live safely at home and in their community. Funding from the Scottish Government for 2022-26 for Whole Family Wellbeing provides an opportunity to redesign and reshape services across the whole system in Fife on a partnership basis. A long term aim of the fund is realigning local investment towards prevention.

Background

The Fife Children's Services Partnership has developed a plan for change using this funding to help develop holistic family support in communities across Fife, which will focus on early support and prevention as well as targeted support to families. The first year will test out new approaches so families experience services which are accessible, flexible, and adaptable. A key focus is the involvement of families to understand barriers to access and help inform or 'co-design' services going forward. Plans are based on a self-assessment of family support in Fife at leadership level and views from staff and families are also being sought.

Modifiable factors/local actions

The plan for action includes developing a number of strands of work including:

- A focus on co-production with families led by Fife Voluntary Action
- Local practice development sessions across the children's services partnership workforce
- Enhancing crisis support and early support to pregnant women and mothers with children under 4 years
- Establishing group work opportunities across communities in Fife for parents/care givers

Details of all the work underway are outlined in the link below.

Summary

This funding is supporting early intervention and prevention to change how services work together and support families when they need it.

Find out more

[Whole Family Wellbeing Funding - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations/web_publications/whole-family-wellbeing-funding-getting-it-right-for-every-child-girfec/)

<https://sway.office.com/zGdmTAXRwEBiUzHa?ref=Link>

Youth work

Why is this important?

Youth work has a significant impact on improving the life chances of Scotland's young people. The National Youth Work Strategy (2014-2019) developed jointly by Youth Link Scotland, the Scottish Government and Education Scotland, set out to improve a range of outcomes for young people.

Background

Youth work is an informal education practice that supports young people's social, emotional, and educational development. Youth work can be adapted across a variety of settings, and typically engages with young people within their local community. Youth work opportunities and learning programmes for young people, and communities are developed based on the guiding principles of:

Personal and social development: Participation and active involvement; Equity, diversity, and inclusion; Partnership with others

The National Youth Work Strategy (2023-2028) currently sits with Scottish Government and is awaiting publication. This builds on the previous strategy, sets out the wider policy context for youth work and, once finalised, will set out key ambitions for the future. Youth Work is a key part of the Fife Community Learning and Development Plan, and there is close working with Local Area Partnerships, Education, Fife College, and other partners including the voluntary sector e.g. Youth 1st, YMCA.

Modifiable factors/local actions

Across Fife delivery of youth work is focused on 11–21 year olds and includes youth clubs and youth centres, youth cafes, community groups, focused projects, street work, youth action, youth voice and participation groups. Over the year 2021/22 approximately 4000 young people engaged in youth work activity and although this is a reduction since pre-covid, numbers are starting to increase again.

In Fife we have also undertaken a research project that has focused on the impact of COVID-19 on young people and youth work. The research was developed using a participative approach and key issues starting to emerge from the research include mental health and wellbeing, relationships, places, and spaces to go, youth voice, money, and security. The research findings when published, coupled with the new national strategy, will support in identifying key youth work priorities and future development of our youth work provision.

Summary

Youth work has a key role in addressing inequalities, developing positive skills and relationships, and improving long term outcomes for young people. It also seeks to promote the voice of young people.

Find out more

[CLD plan 2021 - Final sept 21.pdf \(fva.org\)](#)

[National Youth Work Strategy \(2023-2028\) | YouthLink Scotland](#)

Third sector role

Why is this important?

It is important to have independent autonomous organisations to support children and young people in Fife so they have opportunities to thrive no matter what their circumstances. A multi-agency mixed market of service providers gives families a choice of where to go. Third sector services specialise in early intervention and prevention services reducing the number of families that need to access statutory services, through to focussed intensive support services.

Background

Fife has many hundreds of voluntary sector organisations delivering services to children, young people and families across every community. The sector delivers a broad range of services from very targeted, complex, rights-based services through to universal support services.

Children and young people are supported through a wide range of needs such as reducing isolation, improving social skills, supporting mental health and wellbeing, supporting them through trauma, substance misuse and domestic abuse and being part of the team around the child once they become Looked After (LAC).

The availability of collated data in the voluntary sector is a challenge – with some public sector bodies collating output and outcome data for the services they fund, but many voluntary sector services are funded and sustained through other routes.

Modifiable factors/local actions

Local organisations work very well with their colleagues in the sector and within their localities to ensure children and young people are supported and receive the best possible outcomes. Funding pressures and increasing demand, as well as more complex issues, has created pressure across the system and across sectors, with the need to focus resources on key priorities whilst maintaining critical early intervention and prevention services.

Strategic commissioning work in recent years is helping to realign commissioned services to local priorities. Going forward, work is being done on embedding The Promise and GIRFEC, capturing and valuing the contribution the sector makes to the outcomes of children and families, and building sustainability and resilience in funding.

Summary

The third/voluntary sector plays a significant and growing role in supporting children and families, helping to build resilience and improving outcomes.

Find out more

https://www.fva.org/childrens_services_forum.asp

One hundred years ago

Annual reports on the health of the public were produced by County Medical Officers of Health, appointed under the provisions of the 1897 Public Health (Scotland). Boundaries in Fife have changed relatively little over time, and Fife Council Medical Officer of Health Reports are available online. This provides an opportunity to reflect on the many changes which have led to improvements in maternal and child health and services over this time.

In 1920 the total population was 113,177 and there were 3138 births, high following the end of the First World War. There were 253 deaths of children under age one, an infant mortality rate of 80.62/1000, noted to be the lowest recorded at the time. Causes of deaths were:

- Congenital debility, prematurity, malformation 42%,
- Diarrhoea, enteritis 12%,
- Bronchitis, pneumonia and whooping cough are among the next most common causes.

Unsafe storage of cow's milk before refrigeration was noted to be a factor in enteritis, and overcrowding a factor in spread of respiratory infections.

It was noted there were nine health visitors across the county, who could reach only 12-14% of women, and their duties included visiting tuberculosis cases. From 1915-20 there were 84 maternal deaths, including from puerperal sepsis and complications of pregnancy. There is comment on the difficulties of attracting suitably trained midwives.

In 1923, measles and whooping cough were responsible for 52 child deaths in total, nearly all under 5 years of age, including 15 deaths of infants.

In 1930, 699 families received grants for additional nourishment, via Welfare Nurses, for expectant and nursing mothers, and young families. Maternity and child welfare centres had been established, and dental clinics for expectant and nursing mothers and preschool children, as well as eye clinics for preschool children. Ultra violet ray treatment was used for a wide range of child health conditions including rickets.

Source: [Fife Medical Officer of Health Reports/Catalogue Search/Wellcome Collection](#)

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

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Children and young people in Fife

Information supplement
2023



Introduction

This document has been produced to accompany the Director of Public Health Annual Report 2023 and contains information relating to topics in the chapters of the report. Information has been presented for Fife where possible and in instances where Fife level data is not available Scotland figures have been used.

The data used in this supplement was the most up to date available at the time of writing (between February and May 2023). More recent data may have become available, and this can be found through the links to the sources of data referenced at the end of each section.

Technical information relating to the definitions, sources and presentation of the data used in this document is available at the end of each section.

Information relating to the content of the chapters was not sufficient in quantity or available for all the chapters in the report and as such this information supplement only covers certain topics. For ease of reference the sections in this document are titled and ordered to match the chapters in the main report.

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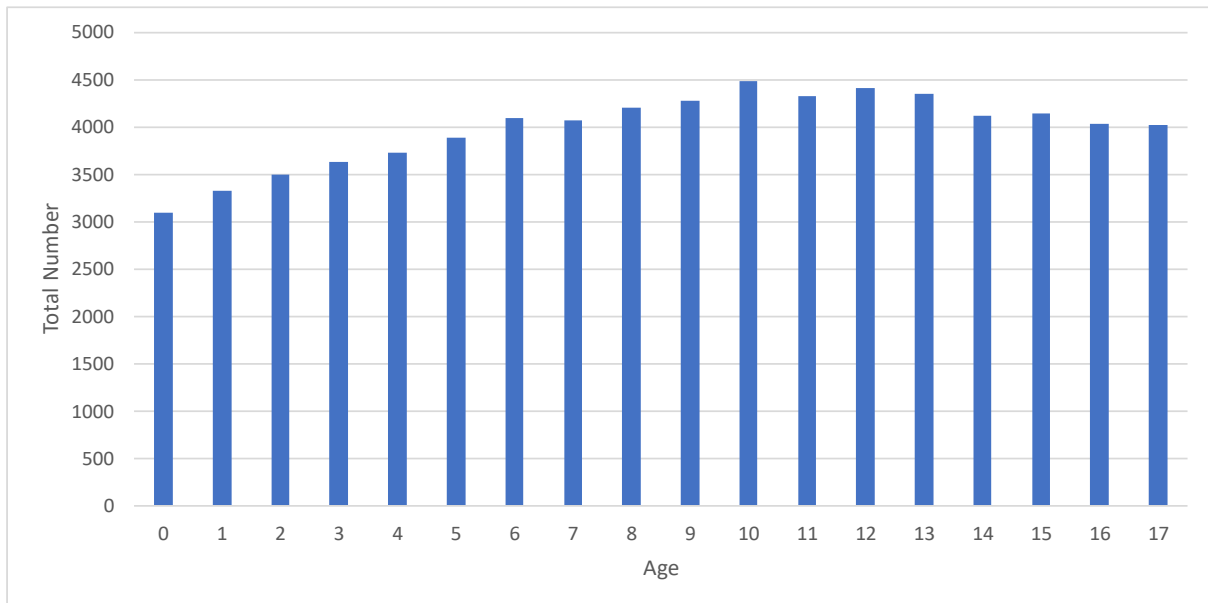
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Population

Fife under 18 total population

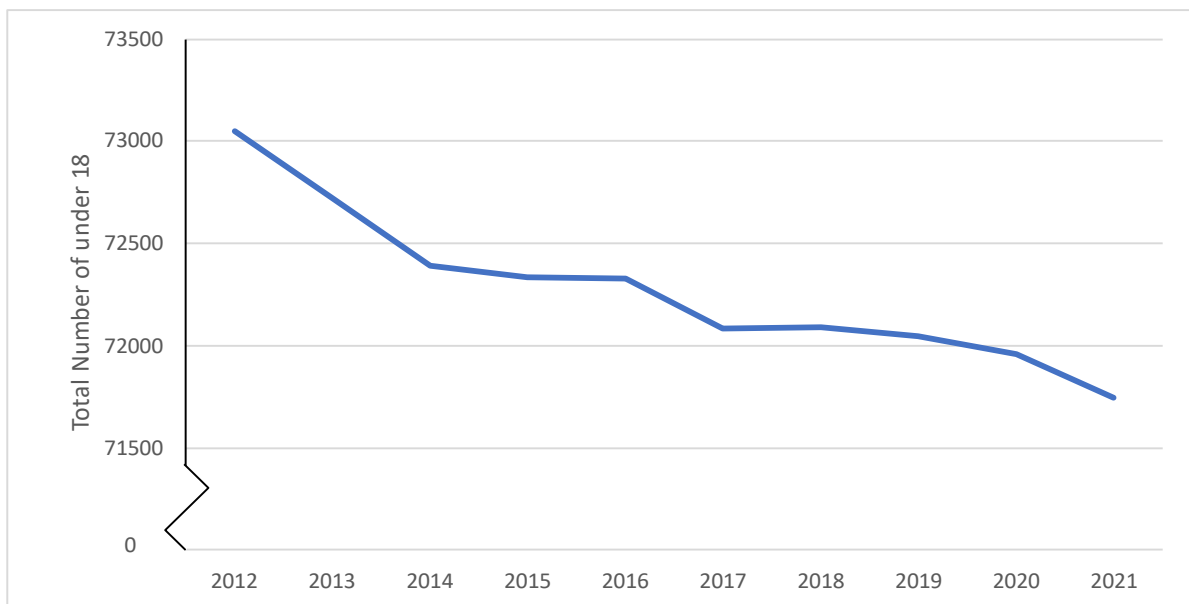
The total number of children aged under 18 in Fife was estimated to be 71,746 in 2021¹. Figure 1 shows that there are smaller numbers of children in the ages up to and including 5 years in Fife than in older age groups. The lowest number is in the under 1's at 3,102 and greatest in age 10 at 4,486.

Figure 1: Under 18 population by single year of age; Fife 2021 (Source: NRS)



The number of children living in Fife has steadily declined since 2012 when the total was 73,047 (Figure 2). This represents a 1.8% decrease in the child population in 10 years².

Figure 2: Under 18 population; Fife 2012 to 2021 (Source NRS)



Fife under 18 population by key age groups and sex

In 2021 there were estimated to be a total of 17,300 children aged 0 to 4 years (pre-school) in Fife, 29,350 children aged 5 to 11 years (primary-school aged) and 25,096 12- to 17-year-olds (secondary-school aged). Primary school aged children were the largest group of children in Fife, accounting for 41% of all children aged under 18 years (Table 1).

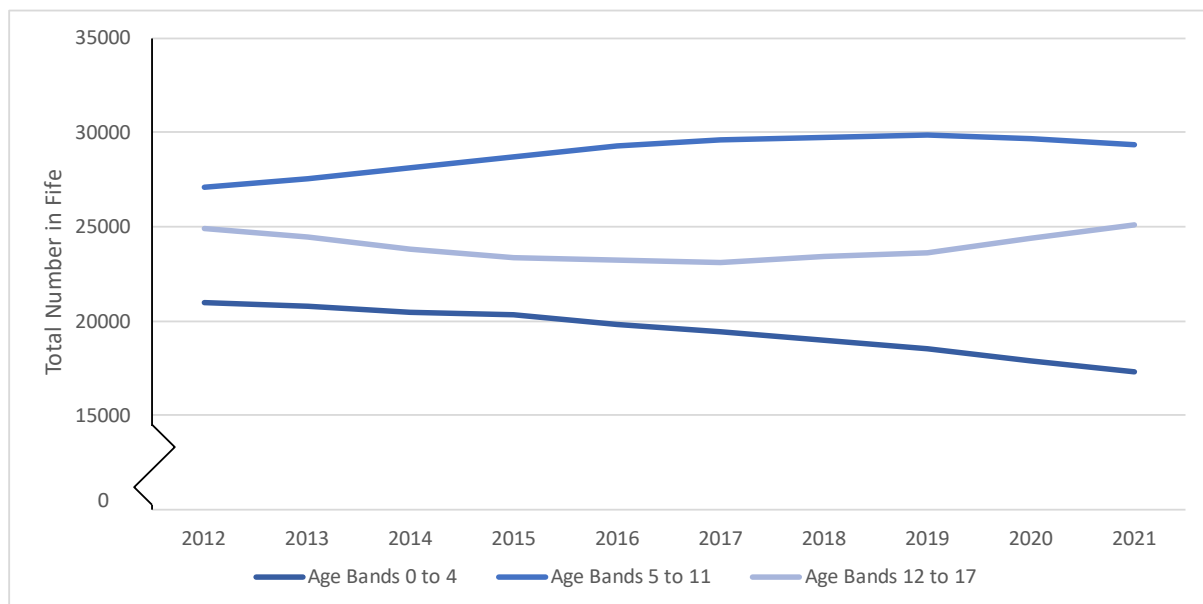
Across all the key age groups there were a slightly lower number and proportion of females compared to males in 2021 (Table1). This is consistent sex ratio at birth for the United Kingdom of 105.4 males to 100 females³.

Table 1: Under 18 population by key age group and sex; Fife 2021 (Source: NRS)

Age Groups	0 to 4		5 to 11		12 to 17		Under 18	
Male	8949	51.7%	15,108	51.5%	12,799	51.0%	36,856	51.4%
Female	8351	48.3%	14,242	48.5%	12,297	49.0%	34,890	48.6%
Total	17,300		29,350		25,096		71,746	
% Of under 18 Total	24%		41%		35%			

Since 2012 there has been a steady decline in the number of children in Fife who are pre-school aged, from 21,002 to 17,300 in 2021(Figure 3). The number of school-aged children has been more variable. Primary school aged children showing an increased in number from 2012 to 2019, before falling by 2021. The number of high school aged children fell from 2012 to 2017 but increased after this time.

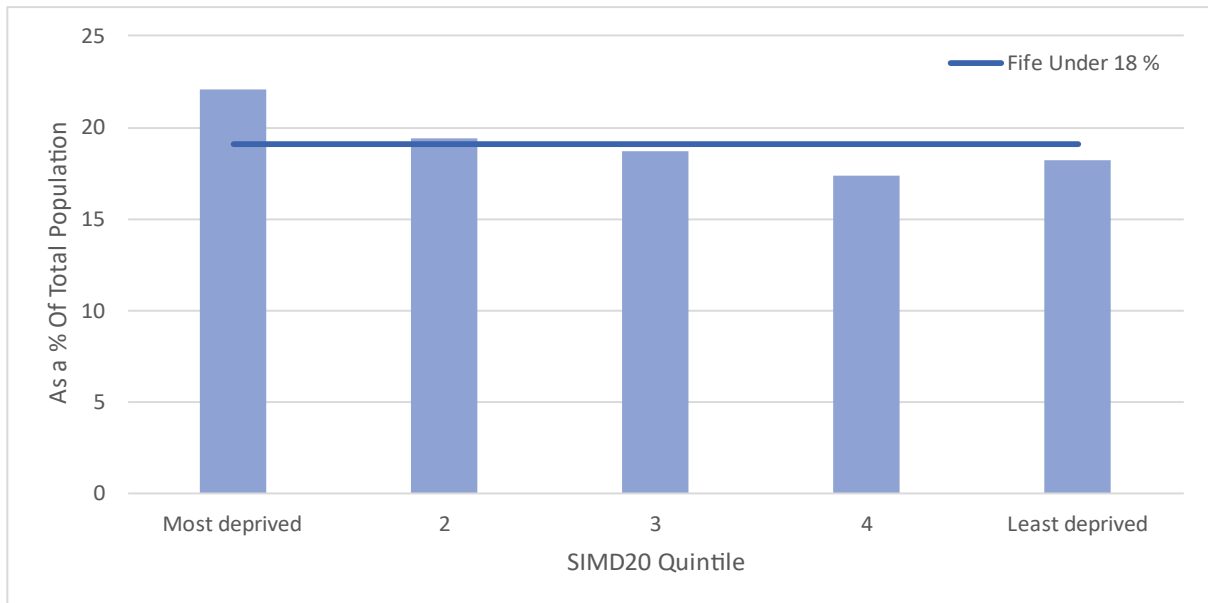
Figure 3: Key age groups in under 18 population; Fife 2012 to 2021 (Source NRS)



Fife under 18 population by SIMD quintile

The most deprived areas in Fife had the largest proportion of their total population aged under 18 (Figure 4). 22.1% of the population living in the most deprived quintile were aged under 18 compared to the Fife average of 19.1%. The least deprived areas of Fife have a lower under 18 population, 17.4% in quintile 4 and 18.3% in the least deprived.

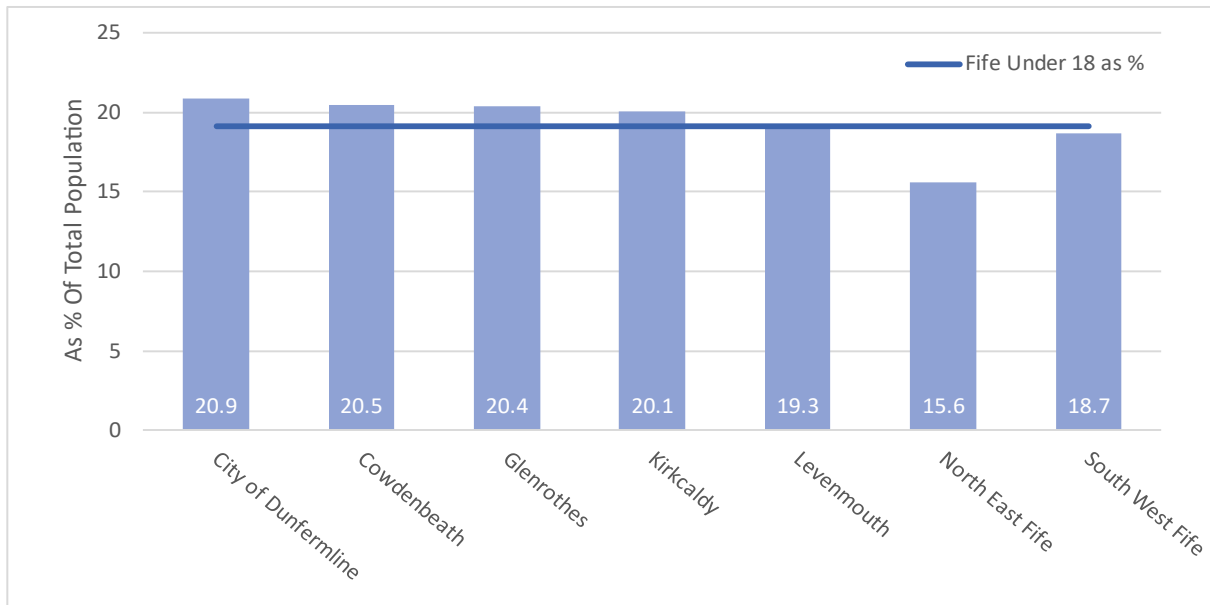
Figure 4: Under 18 population as a % of total population by SIMD20 Quintile; Fife 2021 (Source NRS/Public Health)



Fife under 18 population by localities

Five of the seven localities in Fife have a greater proportion of their population aged under 18 than the Fife average (Figure 5). City of Dunfermline locality has the largest proportion of children at 20.9% but North East Fife is significantly lower at 15.6%.

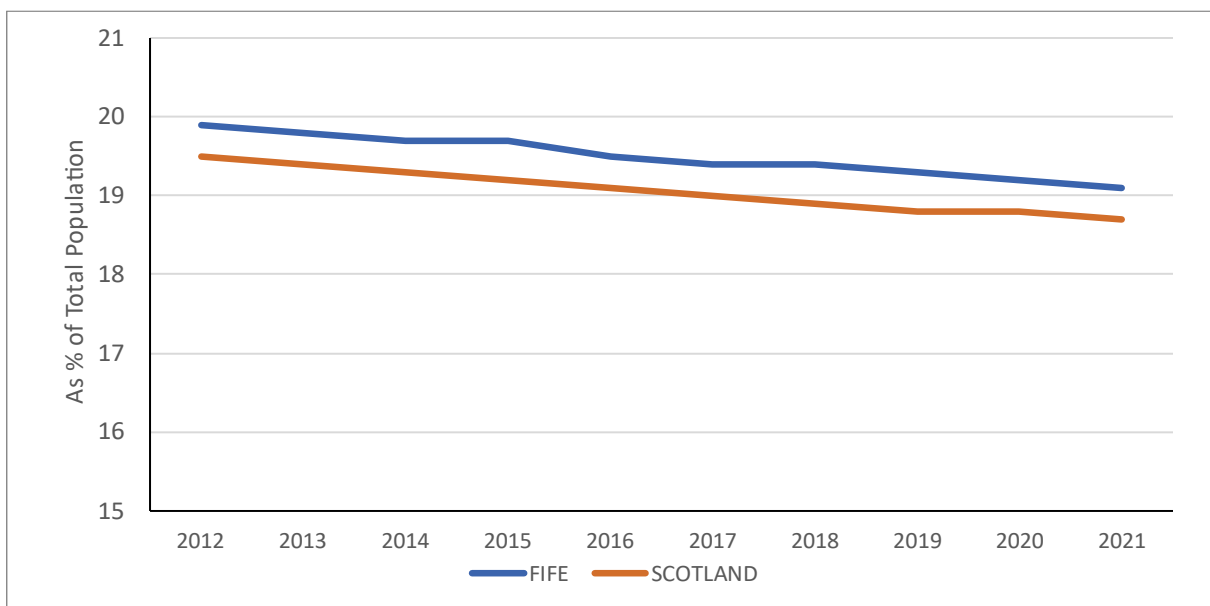
Figure 5: Under 18 population as a % of total population by locality (Source:NRS)



Fife under 18 population compared to Scotland

The under 18 population as percentage of total population for both Fife and Scotland has gradually fallen from 19.9% for Fife and 19.5% for Scotland in 2012 to 19.1% for Fife and 18.7% for Scotland in 2021, with Fife showing a consistent trend of having a slightly larger proportion of its population under 18 than the national average (Figure 6).

Figure 6: Under 18 population as % of total population Fife vs Scotland (Source: NRS)



Technical information

Data relating to the size and age structure of the population in Fife are produced annually by National Records of Scotland (NRS). The annual mid-year population estimates are based on the 2011 Census and are updated each year with elements of population change to produce an estimated figure of the population of Fife¹.

Breakdowns of the population projections have not been included as they have not been updated since 2018 and are not estimated to be updated until 2024 following publication of the 2022 Census. Similarly, detailed data on ethnic group has not been included as the new Census data is not yet available.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD quintile is derived from the child's home postcode.

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>

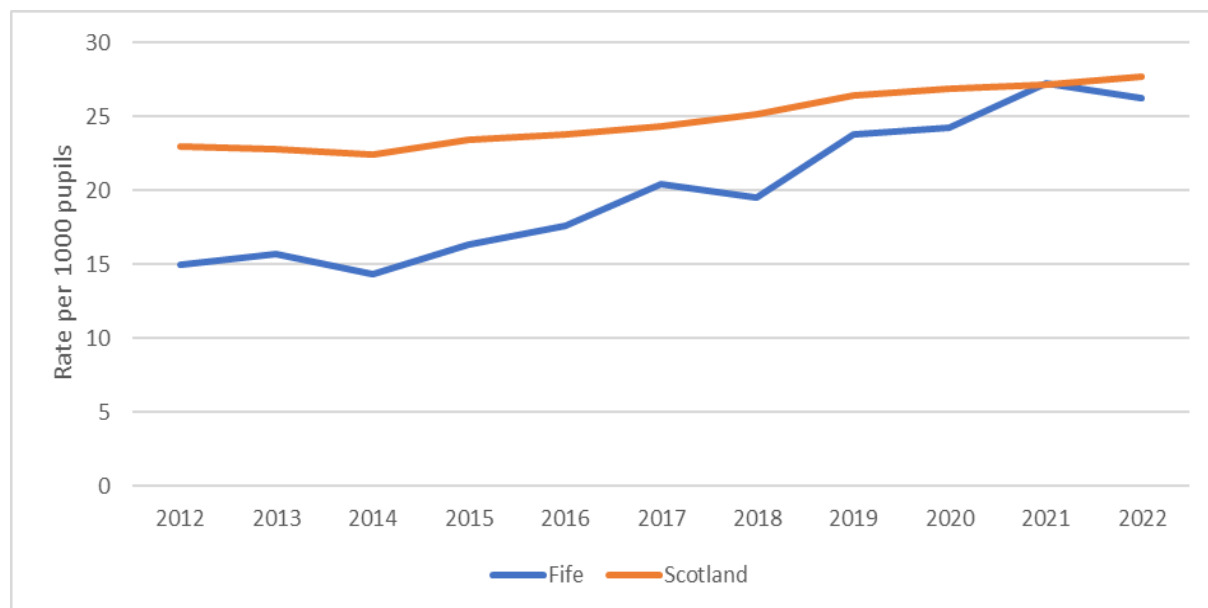
² [Fife Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates)

³ [Sex ratios at birth in the United Kingdom, 2016 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sex-ratios-at-birth-in-the-united-kingdom-2016-to-2020)

Disability and Neurodiversity

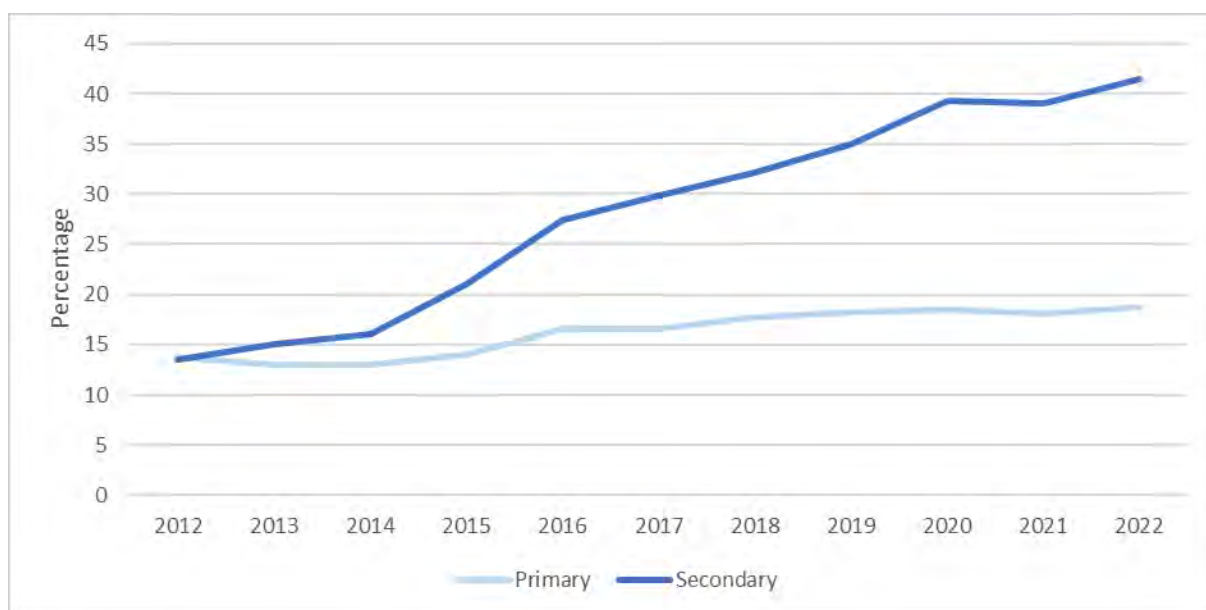
The number of pupils assessed or declared as having a disability in Fife is currently 26.2 per 1000 pupils, this is a slight drop compared to 2021 where it was 27.3 per 1000. The current rate in Fife is below that of Scotland, which is currently 27.7 per 1000 pupils¹. The rate in both Fife and Scotland has increased since 2012.

Figure 1; Rate of assessed and/or declared as having a disability per 1000 pupils in Fife and Scotland (Source: Pupil Census).



The percentage of children with an additional support need (ASN) in Fife has increased significantly and is currently 18.7% of primary school pupils and 41.5% of secondary school pupils. This increase is more prominent in secondary school pupils where the percentage of children with an ASN has more than doubled since 2015.

Figure 2: Percentage of pupils in primary and secondary school with an additional support need in Fife (Source: Pupil Census)



The Pupil Census asks pupils with an ASN for the reason for support, 1.7% of all pupils in Scotland reported that their ASN was due to a learning disability. In Fife 170 pupils in primary school (0.6%) and 364 pupils in secondary school (1.6%) reported that their ASN was due to a learning disability. In special schools 83% (132 pupils) had ASN due to a learning disability¹.

Technical Information

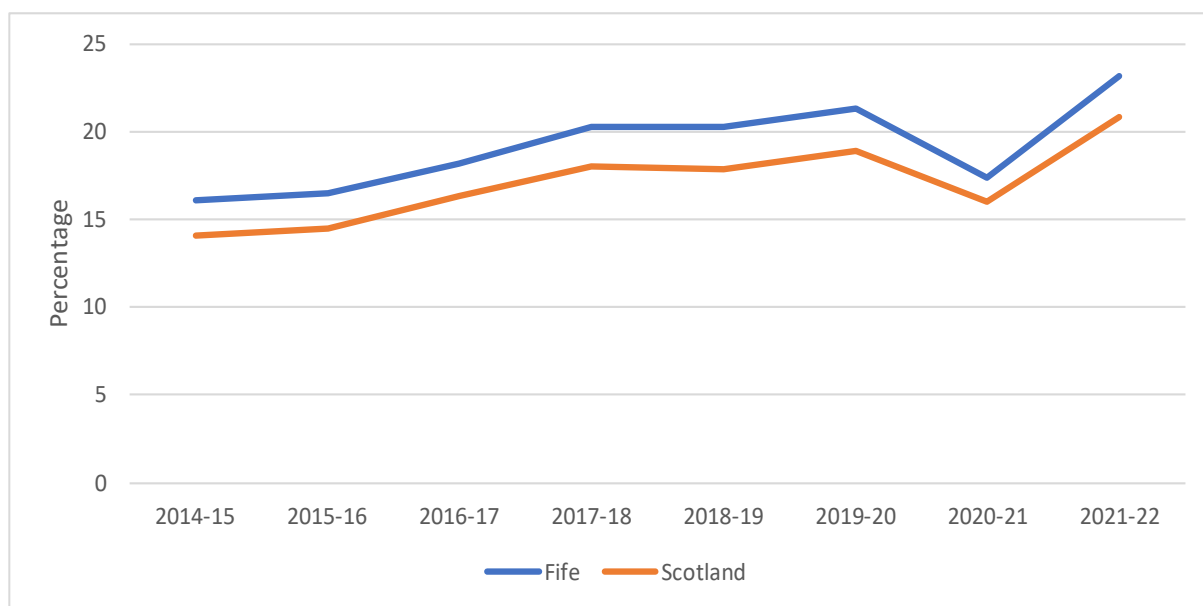
The Pupil Census gathers information on pupils who require additional support to access education, and the reason for that support. Additional support need was defined as per the Education (Additional Support for Learning) Scotland Act 2004 (as amended).

¹ [Pupil census supplementary statistics - gov.scot \(www.gov.scot\)](http://www.gov.scot/pupil-census-supplementary-statistics)

Child poverty

At the end of the financial year 2021/22 the reported proportion of children aged under 16 who were living in relative poverty before housing costs in Fife was 23.2%, this was an increase from 17.4% in the financial year ending 2020¹. The proportion in Fife in 2021/22 was higher than the 20.8% across Scotland. Data after housing costs is not available at Fife level.

Figure 1: Percentage of children (aged under 16) in relative poverty before housing costs in Fife and Scotland financial years to 2021/22 (Source: DWP)



Child poverty across Fife

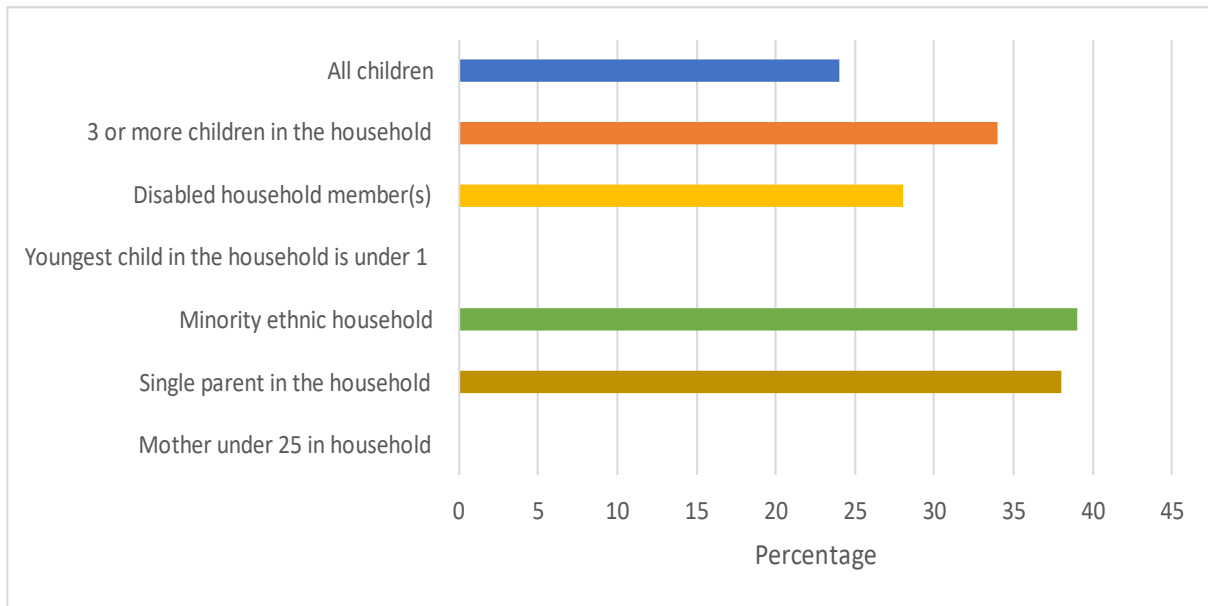
Different areas in Fife have varying levels of child poverty. In 2021/22 at electoral ward level relative child poverty, before housing costs, was highest in Kirkcaldy Central (35.9%) and lowest in St Andrews (11%), further details are available from the KnowFife website².

Priority groups

Almost 90% of all children in poverty in Scotland live within six family types, with many families falling into more than one group (Figure 2)³. In 2019 to 2022 each group was more likely to experience poverty than all children in Scotland (24%) and households which do not have any of the six family type characteristics (10%). Data at Fife level is not available. Two groups are not shown in Figure 2 as there was insufficient survey data for the period measured⁴.

Earlier survey data from 2017 to 2020 suggested that 34% Families with children under 1 were in relative poverty after housing costs and 55% of Families with younger mothers. The numbers are small, however, so the data needs to be treated with caution⁵.

Figure 2: Proportion of children in relative poverty after housing costs in Scotland 2019 to 2022 average (Source Family Resources Survey)



Technical information

Please see the guidance notes in the *Children in low income families* report for details as to how the statistics have been collated¹. Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Income is Before Housing Costs (BHC) and is equalised to adjust for family size and composition.

Comparison of relative poverty in children before and after housing costs at Scotland level can be found in the Scottish Government report⁴.

¹ [Children in low income families: local area statistics 2014 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022)

² [Fife-Findings-Children-in-low-income-families-2022.pdf](#)

³ [Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026/pages/19) (page 19)

⁴ [Poverty and Income Inequality in Scotland 2019-22 \(data.gov.scot\)](https://data.gov.scot/publications/poverty-and-income-inequality-in-scotland-2019-22)

⁵ [Tackling child poverty priority families overview](#)

Births, maternal health

Births

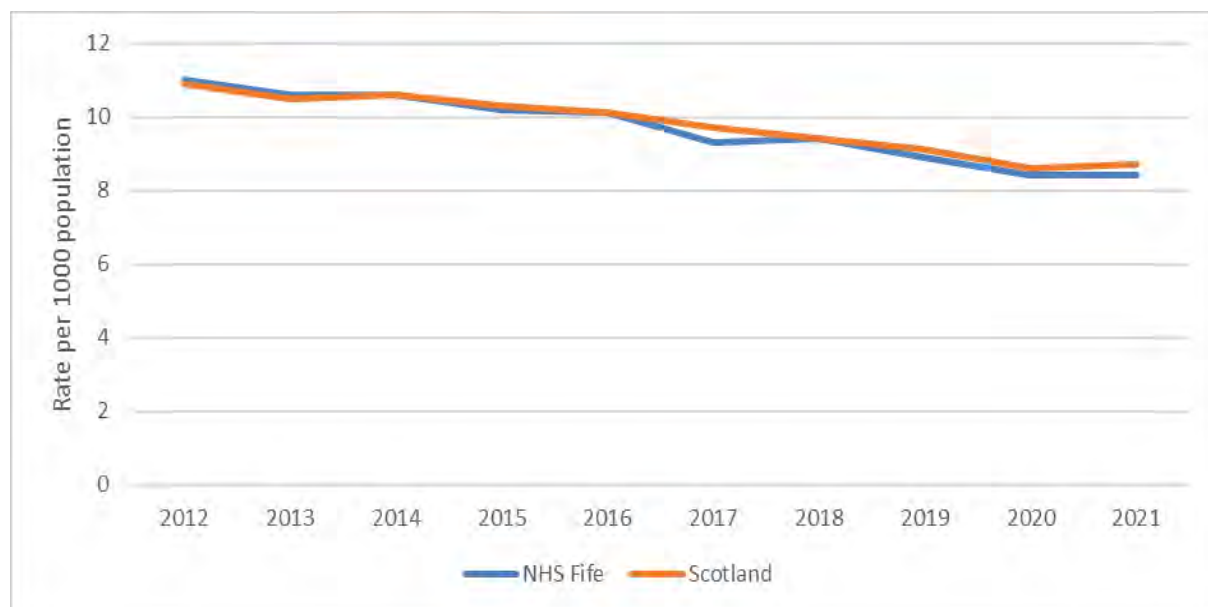
Births: Fife and Scotland

In 2021 there were 3,157 live births in Fife, a small increase on the number in 2020 but the second lowest number in the last 10 years (Table1). Overall birth rates are declining in Fife 8.4 births per 1000 population in 2021 compared to 11.0 in 2012¹. Scotland shows a similar pattern, 8.7 births per 1000 population in 2021 compared to 10.9 in 2012 (Figure 1)¹.

Table 1: Live births NHS Fife (Source: NRS)

Year	Live births
2012	4,019
2013	3,872
2014	3,889
2015	3,755
2016	3,739
2017	3,465
2018	3,479
2019	3,325
2020	3,144
2021	3,157

Figure 1: Fife and Scotland birth rates, overall rate per 1000 population (Source: NRS)



Maternal age at first birth

Age at first birth has been gradually increasing over time with the 2021/22 figures for Fife showing the lowest number of first births of women aged under 25 (27%) and the highest over 35 (14%)

(Table 2) in the 10 years reported. This is a similar pattern to Scotland where in 2021/22 22% of women giving birth for the first time were under 25 and 16% over 35.

Table 2: Fife Maternal age at first birth (Source: PHS opendata)

Financial Year	%Under 25	%25-34	%35 and over
2012/13	39.8%	49.8%	10.3%
2013/14	37.0%	52.5%	10.5%
2014/15	37.3%	52.2%	10.5%
2015/16	35.8%	51.9%	12.3%
2016/17	33.5%	52.8%	13.8%
2017/18	34.6%	53.6%	11.8%
2018/19	30.2%	56.5%	13.3%
2019/20	30.6%	57.1%	12.3%
2020/21	31.8%	56.3%	11.9%
2021/22	26.7%	59.3%	14.0%

Low birthweight (<2500g) babies

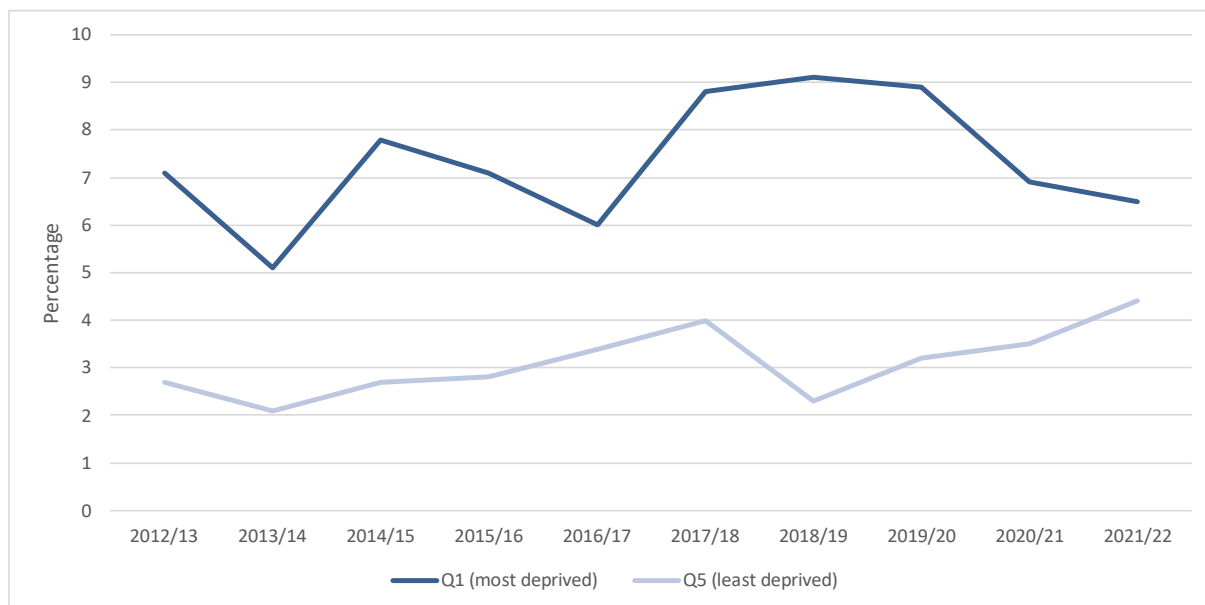
In 2021/22 4.9% of live singleton babies in Fife had a low birthweight (Table 3). This is comparable with Scotland at 5.2% for the same year. The approximately 5% proportion has persisted for many years in both Fife and Scotland.

Table 3: NHS Fife % Low birthweight singleton babies (Source PHS opendata)

Financial Year	LBW	NonLBW
2012/13	5.3%	94.6%
2013/14	4.4%	95.5%
2014/15	5.6%	94.4%
2015/16	5.5%	94.4%
2016/17	5.2%	94.8%
2017/18	6.2%	93.8%
2018/19	5.1%	94.9%
2019/20	5.8%	94.2%
2020/21	5.7%	94.3%
2021/22	4.9%	95.0%

Low birthweight in babies are associated with deprivation with a higher proportion of low birthweight babies in the most deprived areas (6.5% in 2021/22) compared to the least deprived areas (4.4% in 2021/22). This has not changed significantly over time (Figure 2).

Figure 2: Fife % low birthweight singleton babies by most and least deprived SIMD quintiles (Source: PHS opendata)



Stillbirths

There were 11 stillbirths registered in Fife 2021². This number can vary significantly between years, Table 4 shows five-year averages and rates compared to Scotland³ for the last 10 years. In general Fife has a very similar stillbirth rate to Scotland.

Table 4: Stillbirth five-year average rates NHS Fife and Scotland

Five-year average	Stillbirths Rate*		
	Fife	Scotland	Difference
2012-16	4.4	4.2	0.2
2013-17	3.9	4.1	-0.2
2014-18	4.0	4.0	0.0
2015-19	4.1	3.9	0.2
2016-20	4.5	4.0	0.5
2017-21	4.2	3.9	0.3

*Stillbirths, rate per 1,000 live and still births. Source: NRS

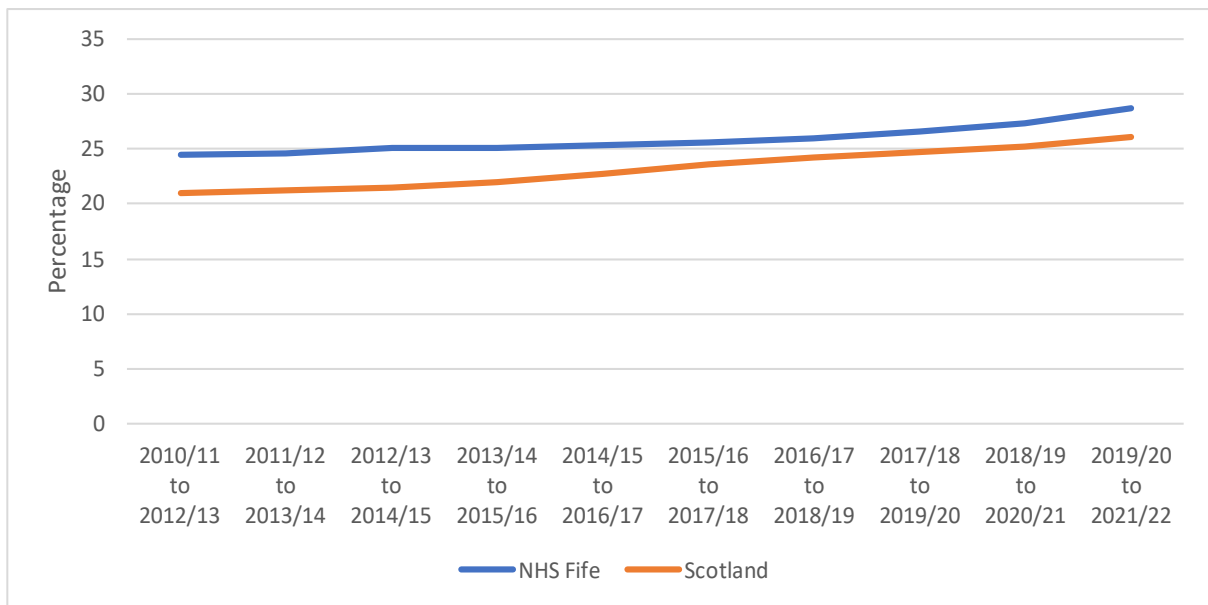
Maternal Health

Body Mass Index (BMI) at antenatal booking

Maternal BMIs have been rising in Fife and Scotland for some years (Figure 3). In Fife during 2021/22 2.2% of women were underweight, 37.5% a healthy weight, 29.8% overweight and 30.6% obese. Fife has a lower proportion of healthy weight bookings compared to Scotland (40.9%) and a higher proportion of obese mothers (Scotland 27.3%). These figures exclude bookings where the BMI was not recorded.

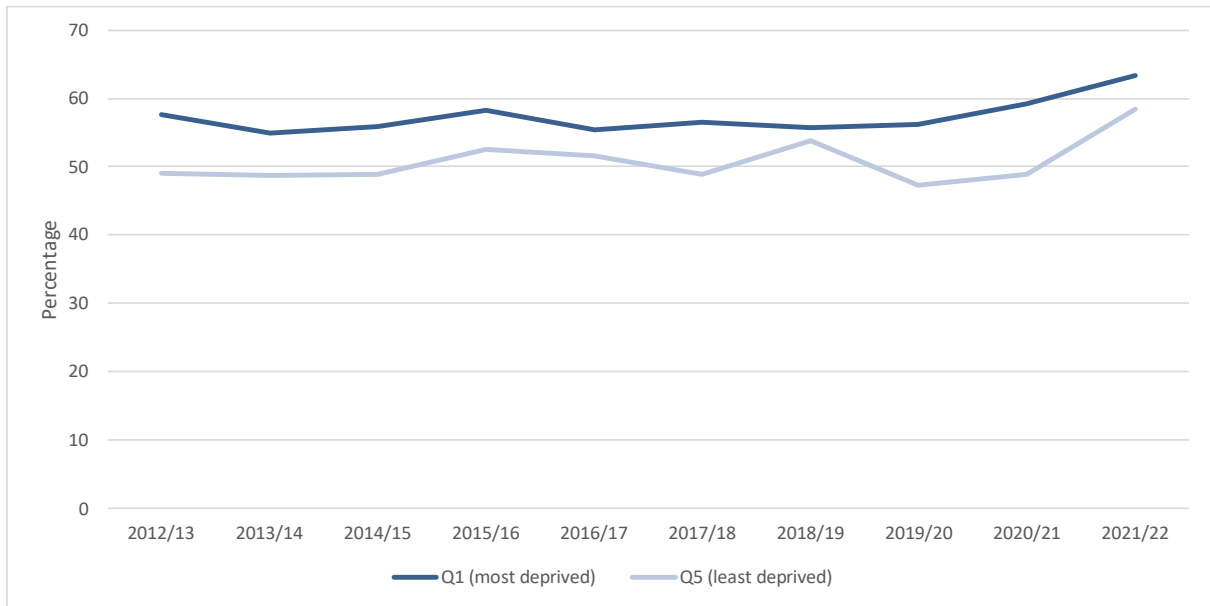
In 2021/22 Fife had the fourth highest level of overweight and obese BMI at booking compared to other Health Boards in Scotland at 60.4%. Fife does have a high proportion of unrecorded BMIs at booking in the SMR02 data (over 10% Not Known in 2018/19 to 2020/21 and 8.5% in 2021/22) this makes direct comparison to Scotland-level and other Health Board figures more difficult (Scotland, Not Known 1.7% for 2021/22).

Figure 3: Percentage maternities with BMI recorded as obese at booking, financial years, three-year rolling averages (Source: ScotPHO)



Deprivation increases the likelihood of obese and overweight BMI's at booking (Figure 4). In 2021/22 64.3% of bookings from the most deprived areas (SIMD quintile 1) in Fife were classed as overweight or obese compared to 61.1% in the least deprived areas. In both areas proportions of obese and overweight bookings appear to be increasing over time with the values in 2021/22 the highest in both areas in the last 10 years.

Figure 4: NHS Fife Maternities BMI group at booking by most and least deprived SIMD quintiles
 (Source: PHS opendata)

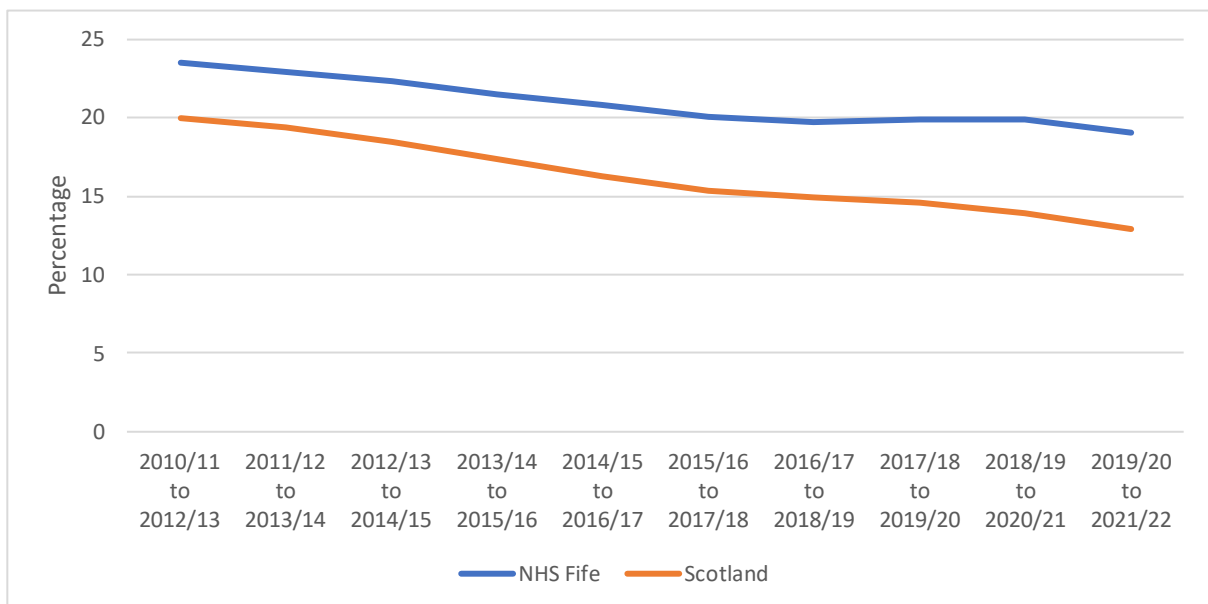


Maternal age also affects the likelihood of obese and overweight BMIs at booking. In 2021/22 around 64% of bookings with a maternal age of over 35 were overweight or obese in Fife, somewhat higher than Scotland (58.3%).

Smoking at booking

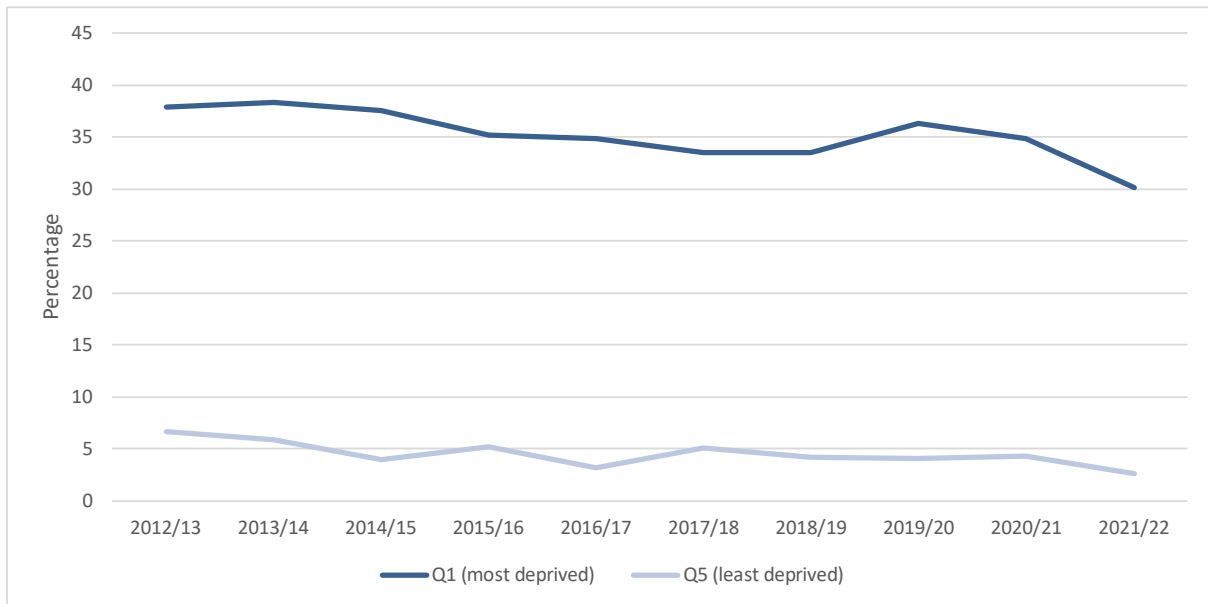
Fife has one of the highest rates of current smokers at booking in Scotland. In 2021/22 this was 16.7%. This is higher than Scotland (11.8% for 2021/22) and the second highest of health boards in Scotland. This pattern has not markedly changed over time (Figure 5). The proportion of women smoking at booking has decreased over time in all areas of Scotland, including Fife, and is currently at its lowest since data has been available (1997/98). Most years the proportion of unrecorded smoking statuses in Fife has been around 1% (0.7% in 2021/22), but were higher between 2017/18 and 2020/21 (3-6% unrecorded).

Figure 5: Percentage maternities recorded as current smoker at booking, financial years, three-year rolling averages (Source: ScotPHO)



Rates of smoking during pregnancy in the most deprived areas in Fife are also slowly decreasing over time but were still significantly higher than rates in the least deprived areas (Figure 6) at 31% in 2021/22 compared to 3%.

Figure 6: NHS Fife Current smokers at booking by most and least deprived SIMD quintiles (Source: PHS opendata)



Maternal deaths

Data at Scotland or Fife level is not available, but a recent study⁴ indicated that 229 women in the UK died during or up to six weeks after the end of pregnancy in the years 2018-20, or 10.9 per 100,000 women, 24% higher than 2017-19. The study removed deaths from Covid from the 2018-20 figure the rate was still 10.5 per 100k or 19% higher than 2017-19.

Technical information

The stillbirths data used is based on year of registration and is taken from the Vital Events Reference tables and time series data from NRS. The NRS data for 2022 death registrations is not finalised at the date of writing so complete data is only available up to 2021. Annual files were aggregated manually.

NRS defines⁵ a stillbirth as: *“Stillbirths - Section 56(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 defined a stillbirth as a child which had issued forth from its mother after the 28th week of pregnancy and which did not breathe or show any other sign of life. The Still-Birth (Definition) Act 1992, which came into effect on 1 October 1992, amended Section 56(1) of the 1965 Act (and other relevant UK legislation), replacing the reference to the 28th week with a reference to the 24th week”*

Most of the maternity data in this report comes from NHS's “Births in Scotland⁶” open datasets and covers the most recent 10 complete financial years. All percentages reported exclude unknown values unless explicitly stated. The measures of deprivation used are taken from the open datasets and are the appropriate SIMD quintiles for the years analysed. Trend comparisons with Scotland are taken from ScotPHO.

The open datasets are based on the SMR02 record of maternity contacts with acute services. NHS Fife presently has less completeness in the SMR02 record, compared to NRS birth registrations, in comparison to the rest of Scotland⁷. Smoking at booking data is currently transitioning from the SMR02 record to the ABC dataset. PHS publish the ABC data in their report on antenatal booking⁸ as well as the SMR02 data in the open data used in this report. We do not have access to the ABC dataset at present and the figures do appear slightly different (also different time period is being used).

¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/birth-21/births-time-series-21-bt.9.xlsx>

² <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-3.14.xlsx>

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-4.xlsx>

⁴ [MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)

⁵ [Stillbirths and Infant Deaths | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁶ [Births in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#)

⁷ [Births in Scotland \(publichealthscotland.scot\)](#) page 11

⁸ [Antenatal booking in Scotland - Calendar year ending 31 December 2021 - Antenatal booking in Scotland - Publications - Public Health Scotland](#)

Infant feeding

Breastfeeding at First Review

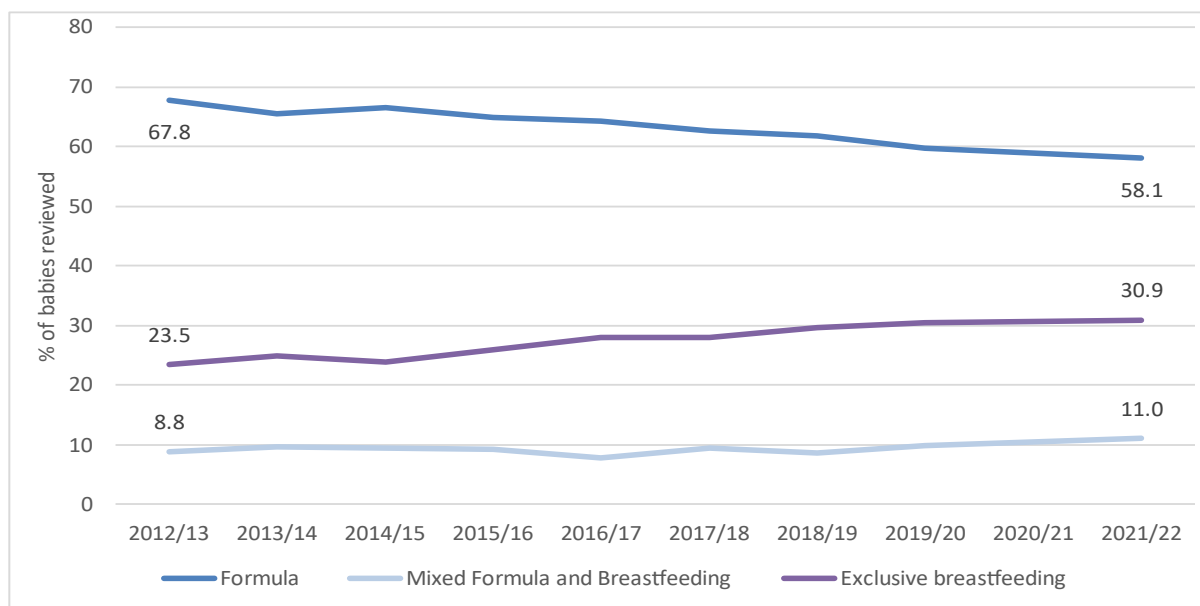
At 10-14 days of age the majority (53%) of babies reviewed in Fife in 2021/22 were being breastfed, with 38% were being exclusively breastfed and 15% were receiving mixed feeding (receiving both breast and formula milk). At a national level these figures were 38% and 17% respectively giving a slightly higher breastfed figure (55%) than that reported for Fife. The proportion of babies receiving any breastfeeding at 10-14 days has increased from 45% in Fife and from 47% in Scotland since 2012/13.

Breastfeeding at 6-8 weeks

In 2021/22, 41.9% of babies reviewed in Fife were currently being breastfed at the 6-8 week child health review. 30.9% were being exclusively breastfed and a further 11% were receiving mixed feeding. 58% of babies were being formula fed (Figure 1).

There has been an increase in both the proportion being exclusively breastfed and in babies receiving mixed feeding since 2012/13 and a corresponding fall in formula feeding (Figure 1). Exclusive breastfeeding showed that largest increase in the time period from 23.5% to 30.9%.

Figure 1: Infant feeding at 6-8 week review; Fife 2012/13 to 2021/22 (Source: PHS)



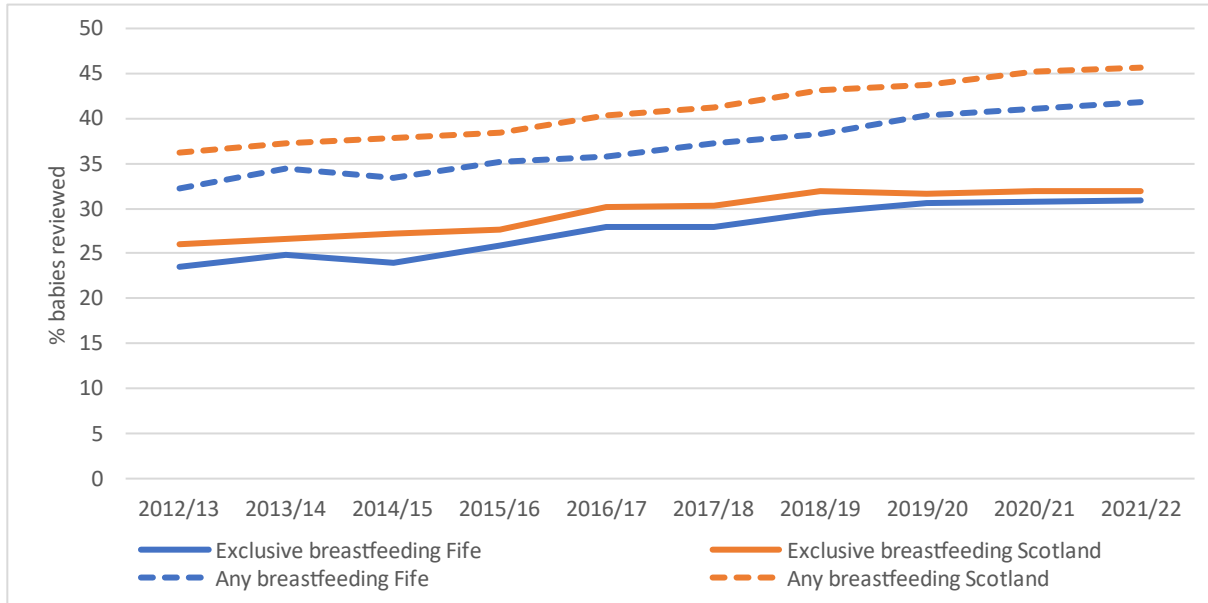
Breastfeeding at 6-8 weeks - Fife compared to Scotland and other Health Boards

In 2021/22, 41.9% of babies reviewed in Fife compared to 45.7% across Scotland were currently being breastfed at the 6-8 week child health review. The difference in rates of exclusive breastfeeding were smaller, 30.9% and 32% respectively.

The proportion of babies receiving any breastfeeding and being exclusively breastfed at 6-8 weeks in Fife has remained below the national average in the last 10 years (Figure 2). However, Fife has seen

a greater increase (23% to 31%) in exclusive breastfeeding than Scotland (26% to 32%) so the gap between Fife and Scotland has narrowed.

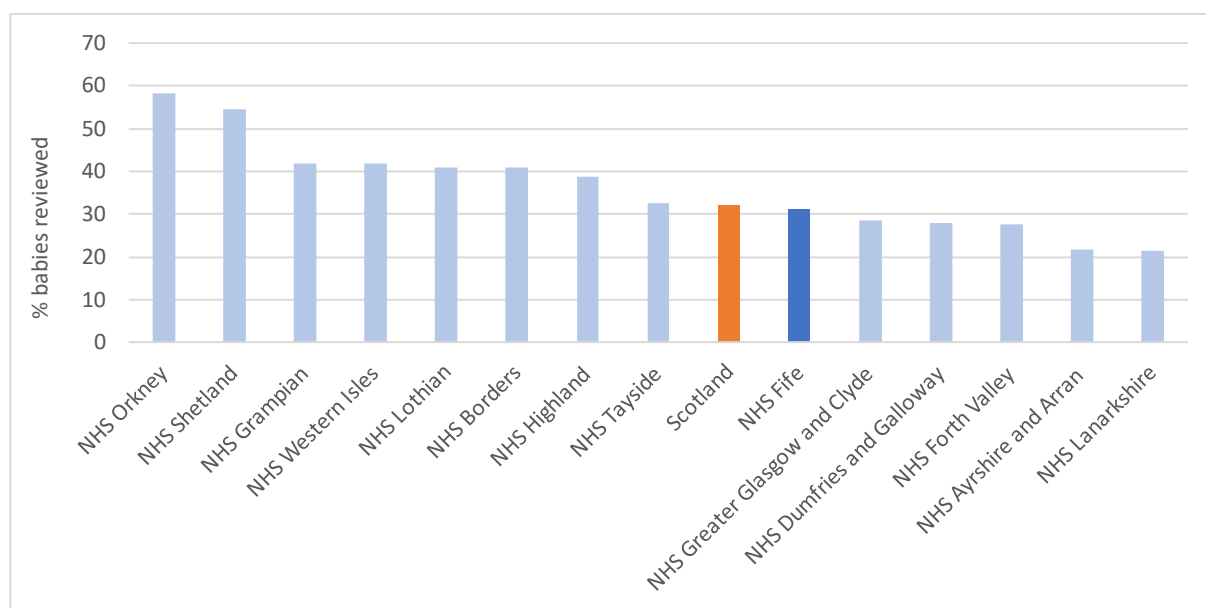
Figure 2: Percentage of babies breastfed at 6-8 weeks; Fife and Scotland 2012/13 – 2021/22 (Source: PHS)



In 2021/22 Fife was ranked 9th of 14 health boards (6th out of 11 mainland boards) in terms of the proportion of babies being exclusively breastfed at the 6-8 weeks review (Figure 3). Our position relative to other health boards has remained fairly consistent over time with Fife ranked 9th in seven of the last 10 years.

NHS Lothian, Borders and Grampian have higher percentages than the other mainland Board areas. All Health Boards have seen increases in proportions and the position of the Boards relative to each other has changed little in the last 10 years.

Figure 3: Percentage of babies exclusively breastfed at 6-8 weeks; Health Boards 2021/22 (Source: PHS)



Breastfeeding at 6-8 weeks – Inequalities

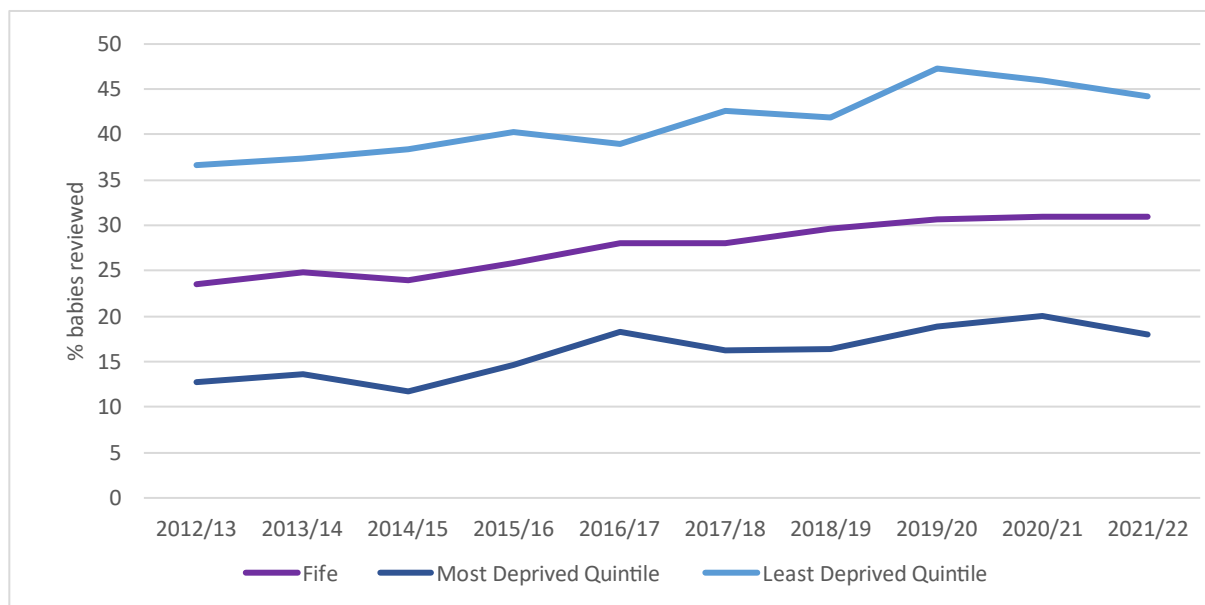
There continue to be marked inequalities in breastfeeding. Babies born to mothers in more deprived areas (SIMD20 quintile 1) in Fife are least likely to be currently exclusively breastfed at 6-8 weeks (19%) compared to those born in the least deprived areas (44%) and the Fife average (Figure 4).

Between 2012/13 and 2021/22 there was an overall increase in the proportion of babies being exclusively breastfed at 6-8 weeks among those living in the most deprived areas from 13% to 19%. Proportions also increased in the least deprived areas in the same time period, from 37% to 44%.

The gap between rates in the most and least deprived areas has fluctuated annually ranging from 3.1 times greater to 2.1 times greater in the least deprived areas across the 10 year period. The size of the gap in the average of the last three years (2.4) was lower than seen at the start of the 10-year period (2.7) and this is consistent with reports of a narrowing in the inequality in breastfeeding across Scotland².

The proportion of babies being exclusively breastfed at 6-8 weeks fell in the most deprived areas between 2020/21 and 2021/22 which was the first fall since 2017/18. Proportions have also fallen in the least deprived areas in the last two years (Figure 4)¹.

Figure 4: Percentage of babies exclusively breastfed at 6-8 weeks; Fife and Most and Least Deprived SIMD20 Quintiles 2012/13 to 2021/22 (Source: PHS)



Infant Feeding at 13-15 Month Review

At the time of the 13-15 month review, 7.5% of babies reviewed in Fife in 2021/22 were being exclusively breastfed for their milk feeds and a further 8.4% received mixed breast and formula feeding. This is lower than the national averages of 9.5% and 12.2% respectively.

Breastfeeding - changes in babies breastfed across reviews Fife and Scotland

63% of babies eligible for review in Fife in 2021/22 were “ever breastfed” defined as being breastfed for at least some period of time after their birth². However reductions in the proportion of babies being breastfed, both by mixed feeding and exclusively, are seen across review periods as babies age.

The change in the number of babies being currently breastfed (any) at each review compared to those who were ‘ever’ breastfed are shown in table 1. At first visit 15% fewer babies were being breastfed compared to those who had ‘ever’ been breastfed and by 6-8 weeks this was a third fewer. Fife had larger ‘drop off’ rates than Scotland at 6-8 weeks and 13-15 months in 2021/22.

Table 1: Drop off in breastfeeding by review; Fife and Scotland 2021/22 (Source: PHS)

Review	Fife	Scotland
At first visit	-16%	-15%
At 6-8 weeks	-33%	-29%
At 13-15 months	-75%	-67%

Technical information

WHO and UNICEF recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life². Data is collected on infant feeding by Health Visitors at reviews of children at 10-14 days (first review), 6-8 weeks and 13-15 months of age. Data on rates of exclusive breastfeeding at 6-8 weeks is used as a high-level indicator of infant feeding and child health in a range of plans, tools and reports including ScotPHO profiles and the State of Child Health report. As such for this key measure more detailed analyses have been shown including comparisons are shown with Scotland over time, how these rates differ by deprivation and across Health Board areas.

Public Health Scotland publish this data annually for all Health Boards and produce a dashboard which allows analysis of Health Board data by key variables including deprivation². Data on exclusive breastfeeding at 6-8 weeks by Health Board, HSCP locality and intermediate zone is available on ScotPHO³.

¹ [Infant Feeding - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/open-data/datasets/infant-feeding)

² https://www.who.int/health-topics/breastfeeding#tab=tab_2

³ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: babies exclusively breastfed at 6-8 weeks)

Health Visiting Pathway

13-15 month review

In Fife the proportion of eligible children reviewed by a health visitor at 13-15 months decreased from 93.8% in 2020/21 to 83.3% in 2021/22, which was lower than Scotland overall at 89.4%¹. Currently there are only five years worth of data so a trend has not been shown for this measure. In 2021/22 the proportion of children with incomplete reviews or those with missing data was significantly lower than the previous year 6.4% compared to 13.1%.

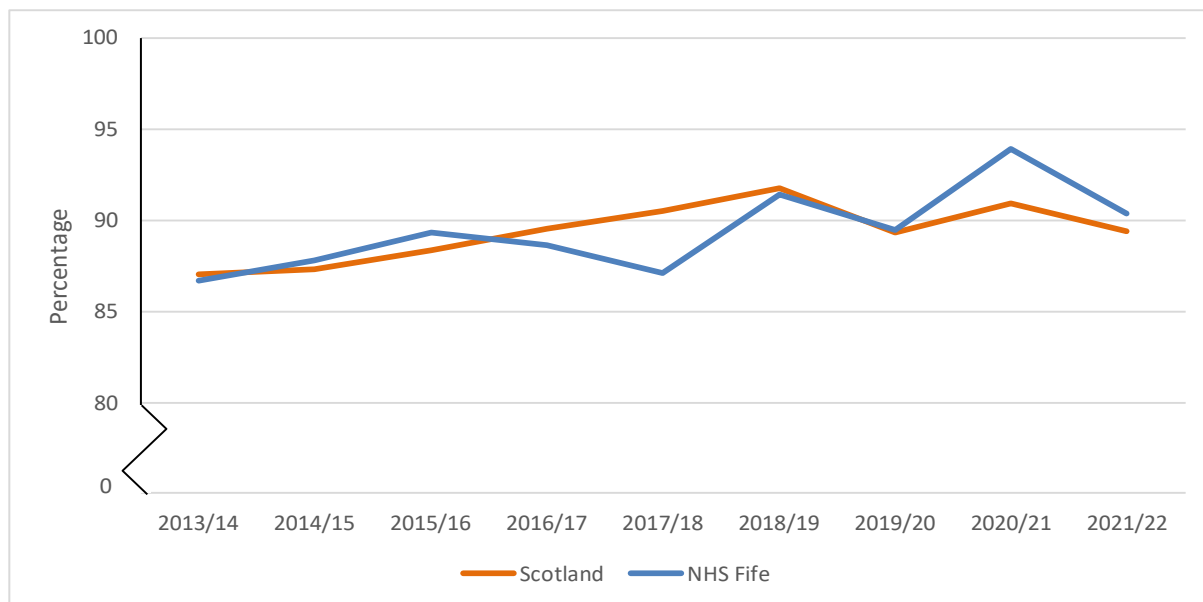
Some slight differences were noted due to inequalities (Scotland-level SIMD 2020) with the most deprived quintiles having a lower proportion of eligible children reviewed (92.6%) compared to the least deprived (95.1%)²; more years of data would be required to see if this trend continues, particularly as the review process was affected by COVID-19 in 2020/21.

The proportion of children recorded as having a developmental concern in any domain in Fife was 18.3% in 2021/22 an increase from 14.3% in the previous year.

27-30 month review

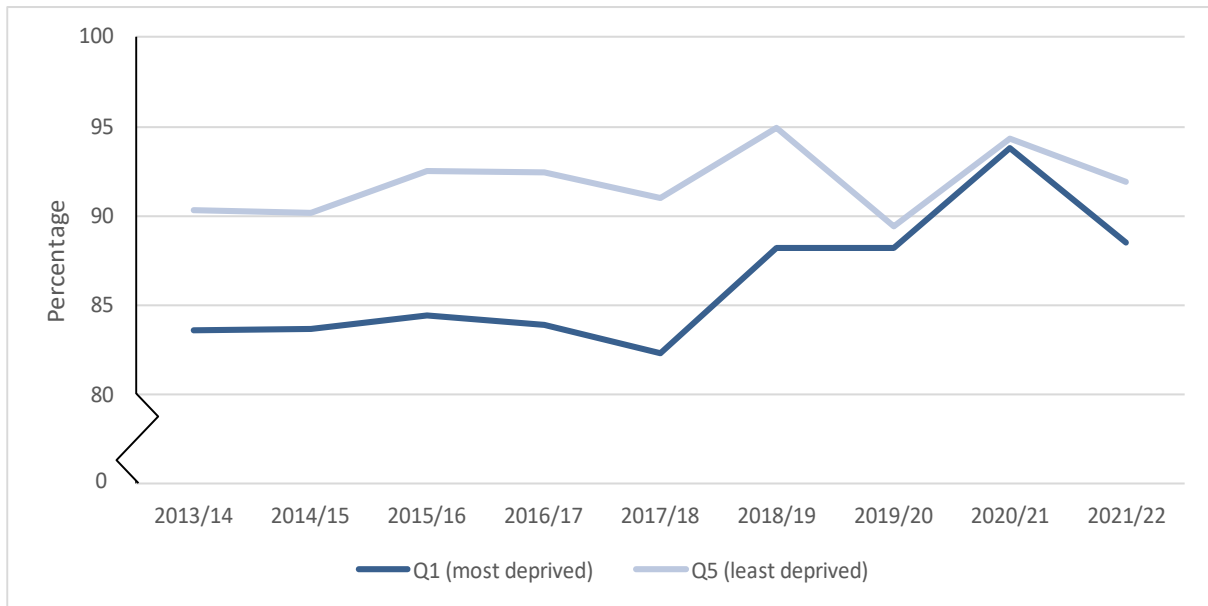
In 2021/22 the proportion of eligible children reviewed at 27-30 months decreased from 93.9% in the previous year to 90.4% (Figure 1) which was slightly higher than the Scottish average for 2021/22 of 89.4%. Differences have been seen between Fife and Scotland in several years in the available trend but the proportion of children reviewed has fluctuated over time.².

Figure 1: Percentage of eligible children reviewed at 27-30 months, NHS Fife and Scotland (Source: PHS)



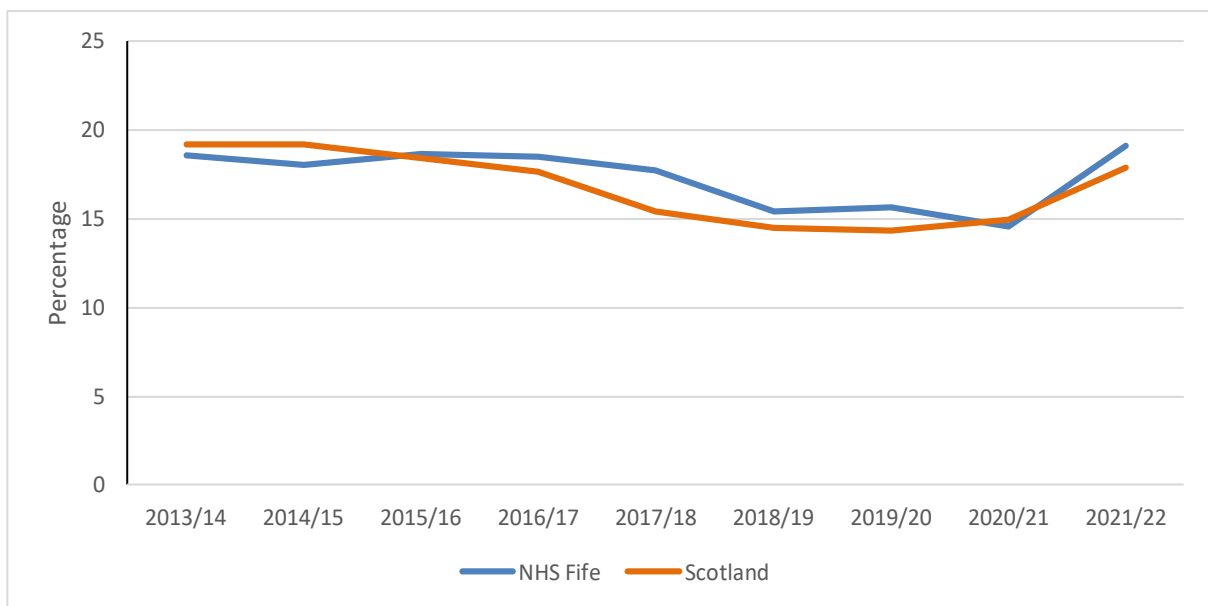
From 2018/19 to 2020/21 the gap between most and least deprived quintiles in Fife of the proportion of children reviewed at 27-30 months narrowed (Figure 2) however the gap has started to increase again in 2021/22. Further years of data will be required to see if this trend continues.

Figure 2: Percentage of eligible children reviewed at 27-30 months by most and least deprived Scotland-level SIMD quintiles, NHS Fife (Source: PHS)



The percentage of children reviewed where a developmental concern was noted increased in Fife in 2021/22 compared to the previous year, from 14.6% to 19.1%. This is higher than the Scottish average for 2021/22 (17.9%), Figure 3. This is consistent with national trends reported in the *Early Child Development* report from PHS¹ which reported increases of developmental concerns across all domains and at all review points in 2021/22 compared to the previous year.

Figure 3: Percentage of eligible children reviewed at 27-30 months with a developmental concern, NHS Fife and Scotland (Source: PHS)



4-5 year review

No data is presented for this measure as NHS Fife implement this review for children with an additional Health Plan Indicator (HPI) at present but full implementation is planned³. This means that the data cannot be compared with Scotland or other boards at present.

Technical Information

The data in this summary is taken from PHS publications listed in the sources below and is based on Health visitor assessments input into the Child Health Surveillance Programme-Pre-School national information system (CHSP-PS)⁴. Data on the 27-30 month review is available from 2013 and from 2017 for the 13-15 month reviews. All data is by financial year.

¹ <https://www.publichealthscotland.scot/media/19173/early-child-development-13-15m-tables-2023.xlsx>

² <https://www.publichealthscotland.scot/media/19174/early-child-development-27-30m-tables-2023.xlsx>

³ [Technical Report \(publichealthscotland.scot\)](#) page 6

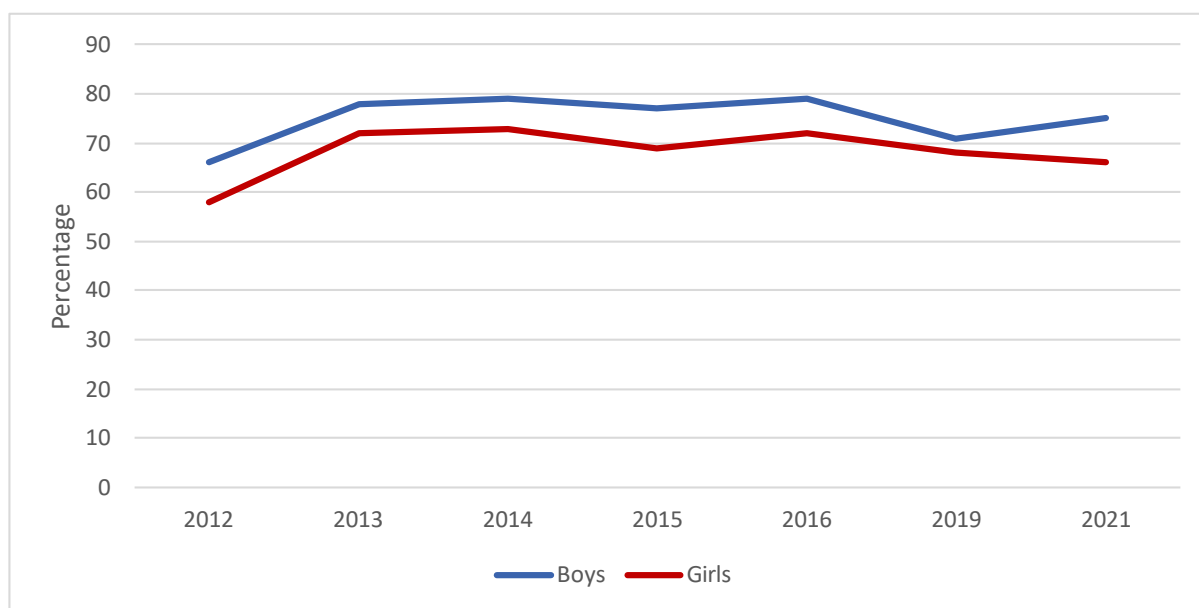
⁴ [Early Child Development Statistics 2021/22 - Technical Report \(publichealthscotland.scot\)](#)

Play, physical activity

At present we do not have data on physical activity in children at a Fife level but this will be available in late summer from the Fife Children & Young People's Health & Wellbeing Survey.

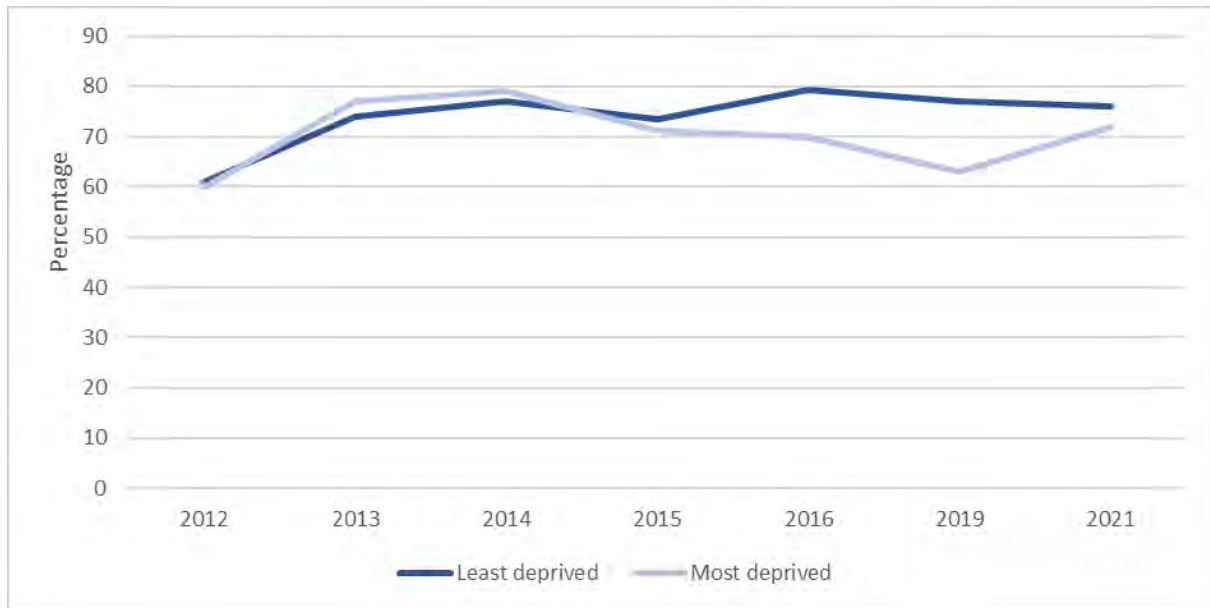
At a national level in 2021 the Scottish Health Survey reported an upwards trend in the percentage of children (aged 2-15 years) achieving the recommendation of at least 60 minutes of moderate to vigorous activity a day. A higher percentage of boys achieve the recommendation over girls, in 2021 75% of boys and 66% of girls met the recommendations¹.

Figure 1; Percentage of boys and girls meeting the recommendation of 60 minutes of activity a day (Source: Scottish Health Survey)



Since 2015 differences can be seen in activity levels of children living in areas of differing levels of deprivation. Those who live in the most deprived are less likely to achieve 60 minutes of physical activity a day compared to those living in the least deprived areas.

Figure 2; Percentage of children meeting the target by SIMD Quintile 1 (most deprived) and 5 (least deprived) (Source: Scottish Health Survey)



Technical Information

Children and young people are recommended to participate in moderate to vigorous physical activity for an average of at least 60 minutes a day². This can include school physical education activity, after school activities, active travel along with play and sporting activities. Guidelines on physical activity were revised by the four UK countries in 2011, therefore data is available from 2012 onwards. Physical activity questions were asked differently in 2017 and 2018. Questions used prior to 2017 were reinstated in 2019, data from 2017 and 2018 are therefore not included in trend analysis.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and health care are derived from the child's home postcode.

¹ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Physical activity)

² [Physical activity guidelines: children and young people \(5 to 18 years\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Housing

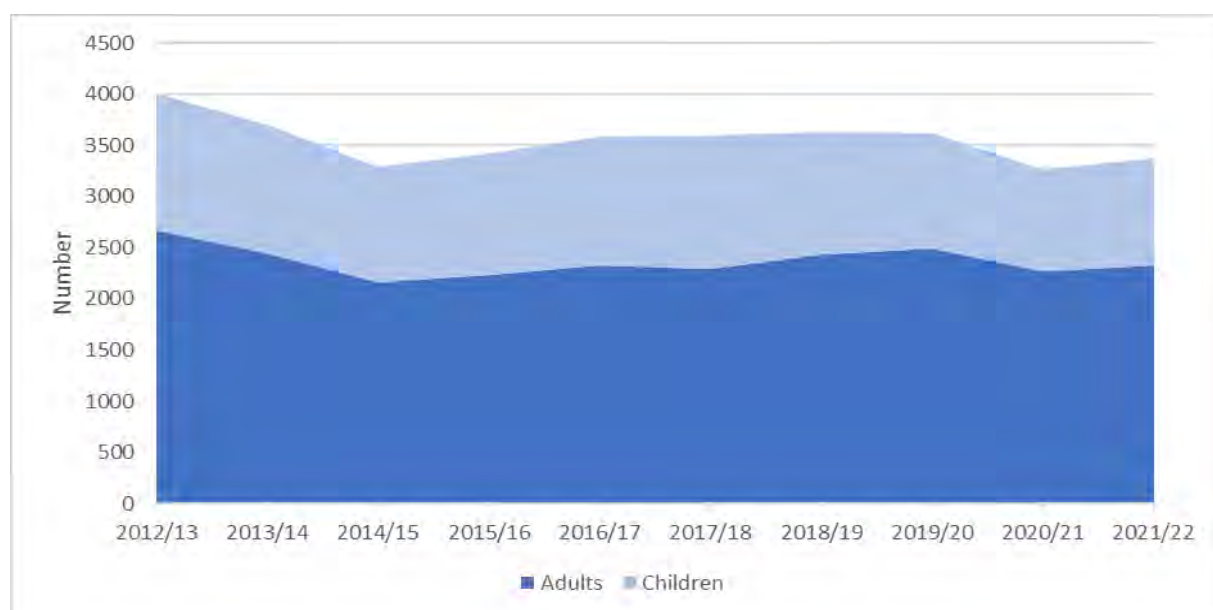
Households

The number of households in Fife in 2021 was 171,086. The number of households in Fife has grown each year since 2001 and is projected to continue to grow to reach an estimated 173,621 in 2028. Average household size in Fife has decreased from 2.28 people per household in 2001 to 2.14 in 2021, slightly above the national average of 2.12. Across Scotland in 2021 it was estimated that 23% of all households were one family with dependent children which would equate to about 39,350 households in Fife¹.

Homeless Households

There were 2,036 homeless households in Fife in 2021/22. These households contained a total of 3,373 people, of whom 2,323 were adults and 1,050 were children³. The number of adults and children in homeless households increased in 2021/22 from 2020/21 but the numbers are lower than reported between 2015/16 and 2019/20 (Figure 1).

Figure 1: Number of Adults and Children in Homeless Households; Fife 2012/13 to 2021/22 (Source: Scottish Government)



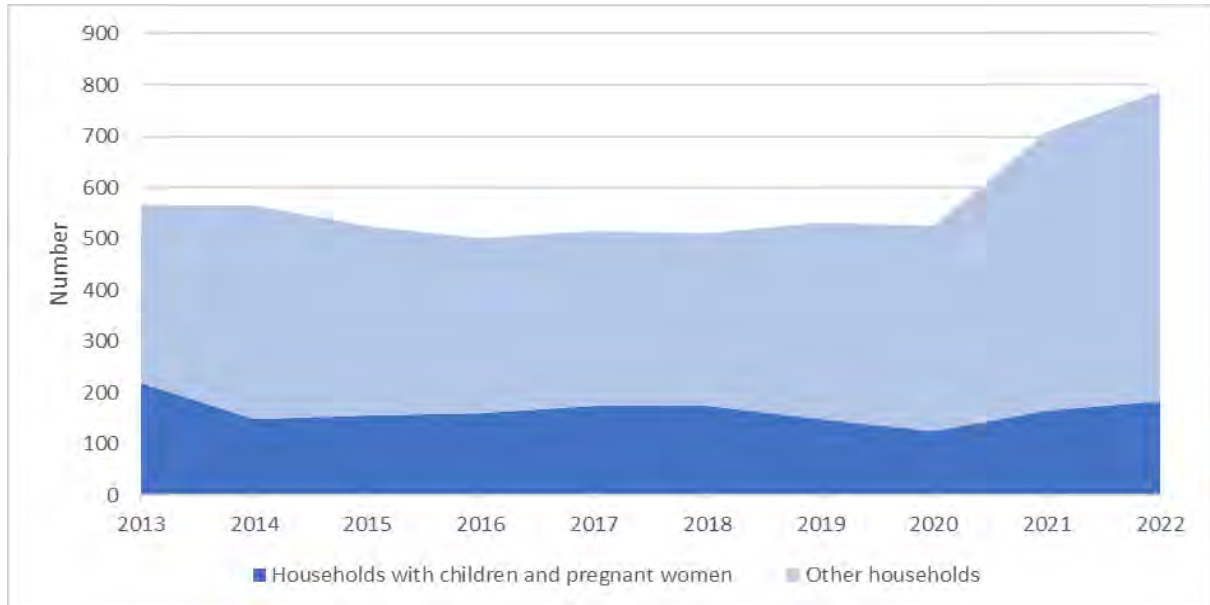
In 2021/22 Fife had the third highest number of homeless households of all local authorities in Scotland but as a rate per 100,000 population Fife was ranked 8th highest of the 32 areas. Fife had a higher rate of households assessed as homeless per 100,000 population than the Scottish average in 2021/22, 655 per 100,000 population compared to 634 in 2021/22.

Children in Temporary Accommodation

There were 787 households in temporary accommodation in Fife as at 31st March 2022. Of these households 185 were households with children or pregnant women. In 2022 the number of temporary households including those with children or pregnant women was the largest since 2013

(Figure 2). Fife reported the 5th largest number of households with children or pregnant women in temporary accommodation in comparison to other local authorities at 31st March 2022.

Figure 2: Households in temporary accommodation; Fife at 31st March 2013-2022 (Source: Scottish Government)



There were 390 children living in households in temporary accommodation in Fife at 31st March 2022. This was a 24% increase on the number reported at the same time in 2021 which was also an annual increase following three years when the numbers had decreased annually (Figure 3).

97% of children living in temporary accommodation as at 31st March 2022 in Fife were living in 'Local Authority Furnished' accommodation. In Fife 'other households with children' spent on average the longest time in temporary accommodation, 425 days. This was higher than the Scottish figure for the same type of household. Fife had lower lengths of stay than Scotland for 'single parent households' and 'couples with children' (Table 1).

Figure 3: Number of children in temporary accommodation; Fife at 31st March 2013-2022 (Source: Scottish Government)

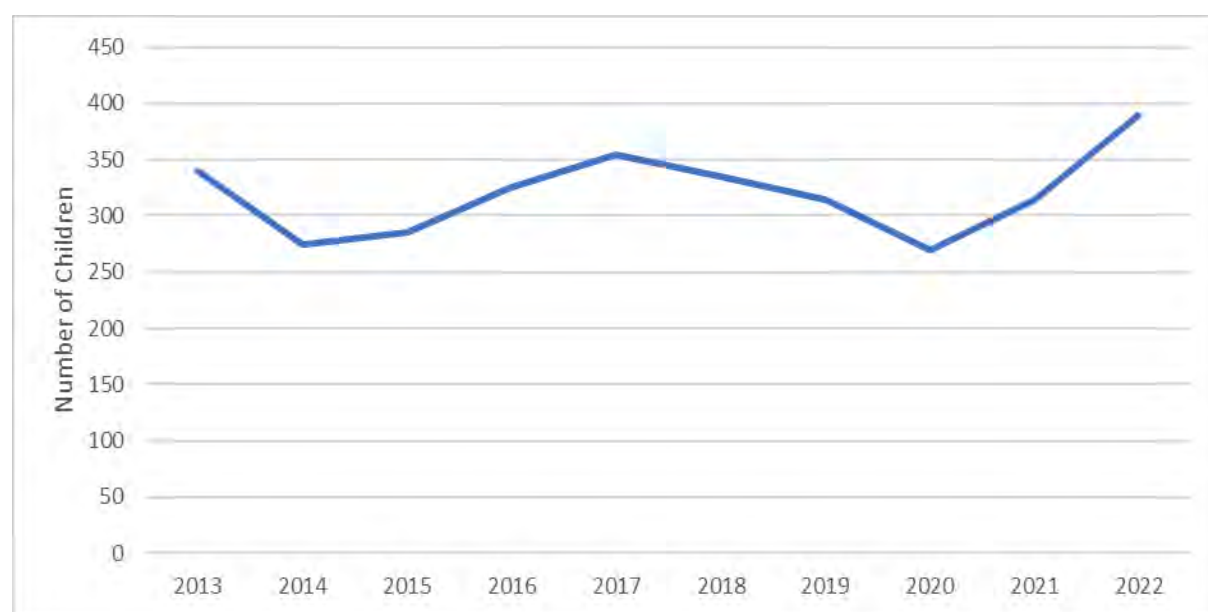


Table 1: Average total time (days) spent in temporary accommodation by household type; Fife and Scotland 2021-22 (Source: Scottish Government)

	Single Person	Single Parent	Couple	Couple with Children	Other	Other with Children
Fife	225	175	129	174	174	425
Scotland	193	234	204	343	212	291

Technical information

The number and size of households across Scotland is published annually by National Records of Scotland². A range of administrative data is collected by local authorities during the course of their housing and homelessness activities and submitted to Scottish Government including the number of homeless households and households in temporary accommodation³.

In the ONS household data the following definitions are used³:

A family is a married, civil partnered or cohabiting couple with or without children, or a lone parent with at least one child. Children may be dependent or non-dependent.

Dependent children are those living with their parent(s) and either (a) aged under 16, or (b) aged 16 to 18 in full-time education, excluding children aged 16 to 18 who have a spouse, partner or child living in the household.

In the homelessness data the following definitions and caveats need to be considered:

Children are under 16 years of age. Households with children are based on the presence of children on the homeless (HL1) application and they may or may not be present in the associated

accommodation placements. Data is presented on homelessness in 16-17 year olds at a national level only⁴.

These figures are based on administrative data collected by local authorities and will not include households that are homeless who have not presented to local authorities, so the numbers do not necessarily cover the entire homeless population in Scotland.

Temporary accommodation data are presented as snapshots on a specific date so will not represent the total number who may have lived in temporary accommodation in any given time period.

The number of recorded homeless households and temporary accommodation over time can be affected changes to legislation, policy and practice and in 2020/21 the impact of the COVID-19 pandemic. Further details can be found in the report below².

¹ [Households by type of household and family, regions of England GB constituent countries](#)

² [Estimates of Households in Scotland](#)

³ [Homelessness in Scotland: 2021/22 report](#)

⁴ <https://www.gov.scot/publications/homelessness-scotland-2021-22/documents/>

Domestic abuse

Domestic abuse incidents reported to Police Scotland

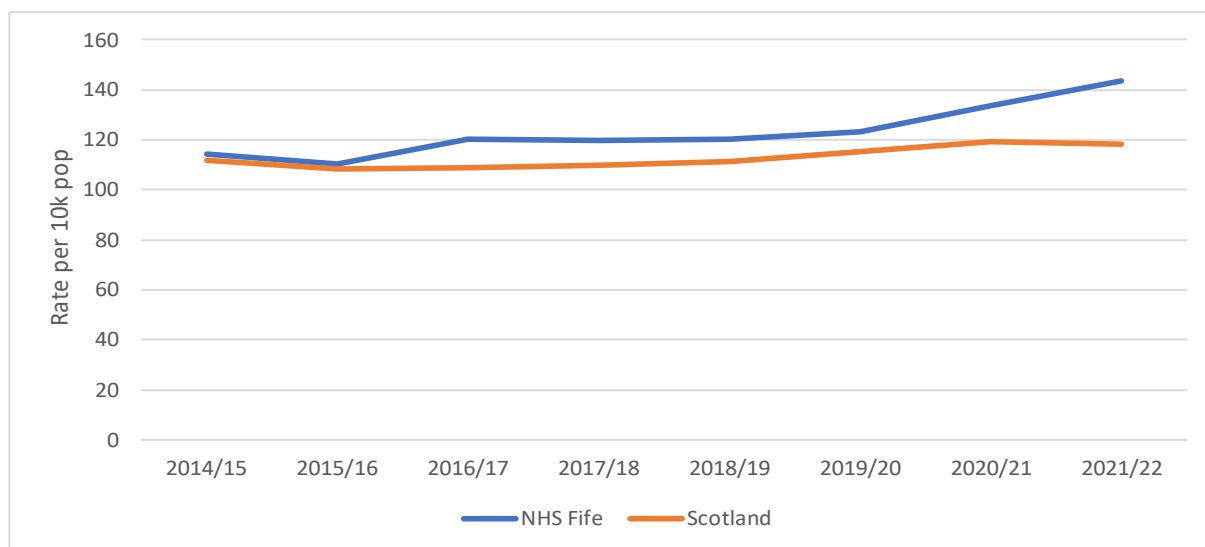
The data in this summary is taken from incidents recorded by Police Scotland. A new method of recording was introduced in 2014/15 so trend data will be shown for the 8 years of data available from this point.¹Data is not available for the number of children affected by domestic abuse incidents recorded by the Police.

Police Scotland reported that 64,807 incidents of domestic abuse were recorded in Scotland and 5,377 in Fife during 2021/22. 37% of domestic abuse incidents in Fife included the recording of at least one crime or offence, similar to the 39% reported nationally. . The most frequently recorded crimes were common assault and threatening and abusive behaviour ².

At Scotland level, Police Scotland report that 2,494 persons under 18 were victims of domestic abuse in 2021/22 (749 under 16). Of the under 18s reported as victims of domestic abuse 84% were female (74% of the under 16s), all ages 83% female³.

Fife has a slightly higher rate of (all ages) reported domestic abuse incidents per 10,000 population than Scotland, 143 per 10k population compared to 118 per 10,000 population in 2021/22; this gap has increased slightly in the most recent years (Figure 1)⁴.

Figure 1: Domestic abuse incidents reported to Police Scotland as crude rate per 10,000 population NHS Fife vs Scotland (Source: ScotPHO)



¹ [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/) (Annex 2)

² [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/)

³ <https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/> (Table 8)

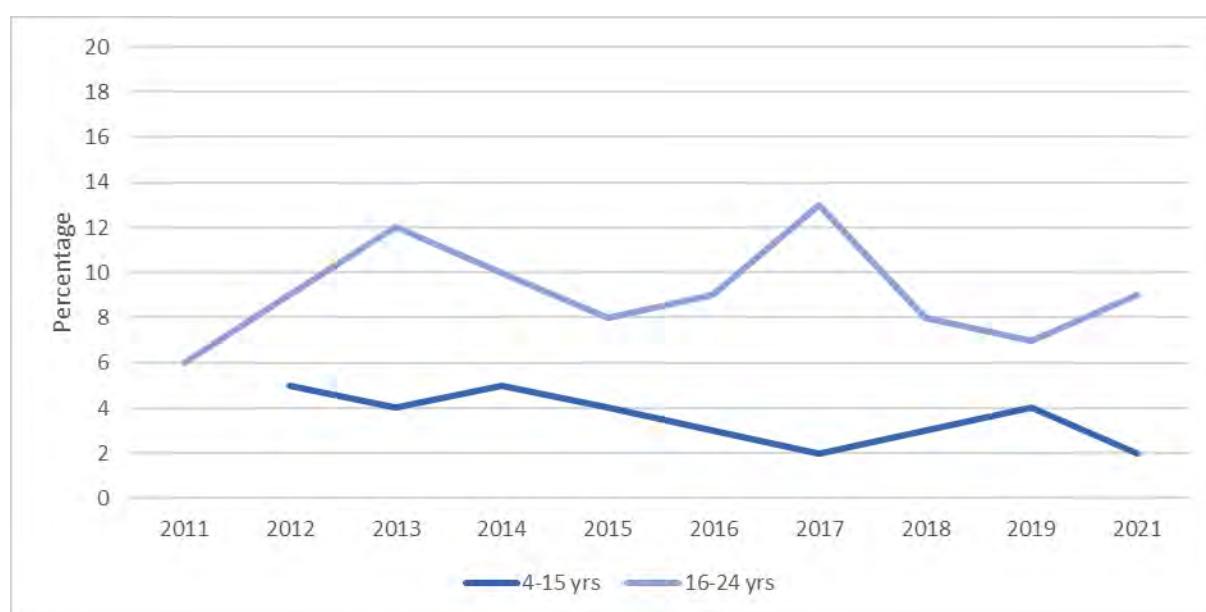
⁴ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (indicator: domestic abuse)

Young carers

Across Scotland 28,000 children and young people aged 4-17 were estimated to be young carers at April 2022¹. The true number of young carers is not known and most data on or about young carers is currently available at a national level only.

Data from the Scottish Health Survey 2021, which asked children (4-15 years old) and young people (16-24 years old) if they provided any regular help or care for any sick, disabled, or frail person, showed a decrease in the percentage of children providing care at 2%, but an increase in young people (7%) providing care compared to 2019².

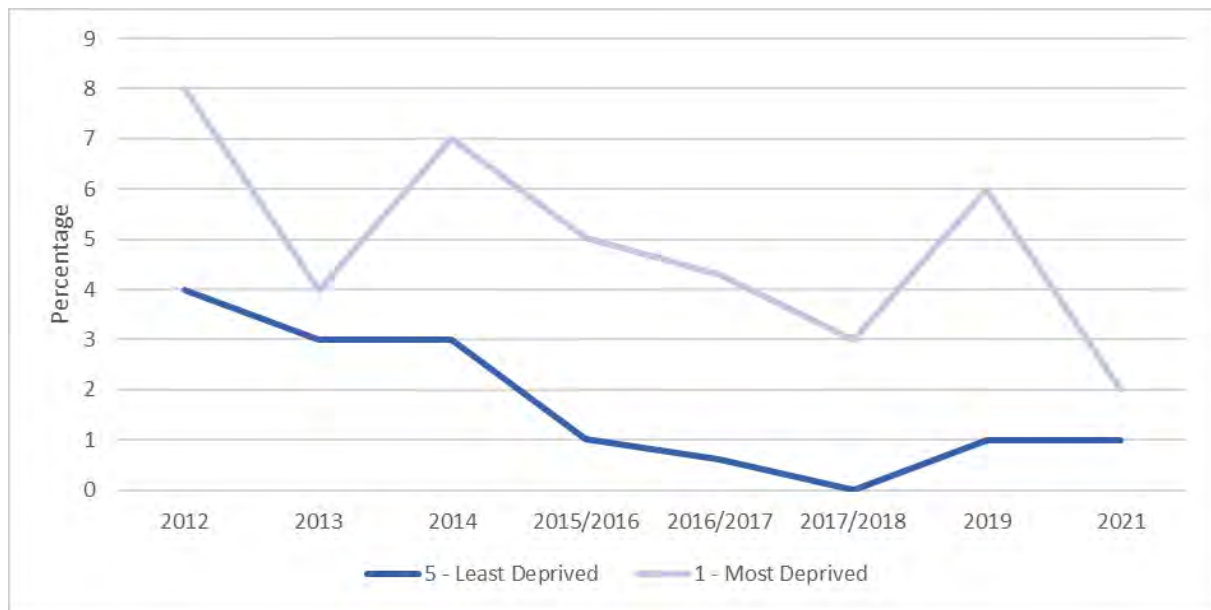
Figure 1: Percentage of children and young people providing any regular help or care for any sick, disabled, or frail person (Source: Scottish Health Survey)



(4-15yrs data for 2016 is combined 2015/2016, data for 2017 is combined 2016/2017 and data for 2018 is combined 2017/2018)

The percentage of children surveyed who were unpaid carers (aged 4 – 15 years) in the most and least deprived has fluctuated over time but has been consistently higher among those living in the most deprived areas (SIMD quintiles) than the least deprived areas¹.

Figure 2: Percentage of child unpaid carers (4-15yrs) by SIMD Quintile (Source: Scottish Health Survey)



The Carers Census, Scotland collects information from carers annually. In 2021-22 it collected data from 42,050 unpaid carers across Scotland, 13% (5,490) of whom were aged under 18³. The Carers Census reported that 16% of young carers lived in areas within the most deprived SIMD decile compared to 4% who lived in areas within the least deprived SIMD decile compared to 11% and 7% of adult carers. It also reported that young carers were more likely to be female (52%) which has been the case since the Carers Census started in 2018. 69% of young carers reported that they provided between 0-19 hours of unpaid care each week. The most reported impact of caring by young carer's was on their emotional well-being (85% reported this).

Technical Information

In the Scottish Health Survey participants are asked if they provide any help or care on a regular basis to family members, friends, neighbours or others because of a long-term physical condition, mental ill-health or disability, problems with ageing. Since 2014 this explicitly excludes any paid caring work. This question has been asked to children aged 4 to 15 years old since 2012.

In the Carers Census a young carer (under 18 years) was included if they met the following criteria:

- had a Young Carer Statement (YCS) or review of their needs as a carer during the reporting period; or
- were offered or requested a YCS during the reporting period; and/or
- received a specified support service (including short breaks or respite) during the reporting period².

During the collection period for the Carers Census systems to record the above information were being set up, and as such some providers were unable to provide the required information. Therefore, it is suggested that the figures presented in the Carers Census may be an underestimate of the number of carers being supported by local services.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD quintile is derived from the child's household postcode.

¹ <https://www.gov.scot/publications/scotlands-carers-update-release-december-2022/>

² [Scottish Health Survey \(shinyapps.io\)](#) (Indicator: Provide any regular help or care for any sick, disabled or frail person)

³ [Supporting documents - Carers Census, Scotland, 2019-20 and 2020-21 - gov.scot \(www.gov.scot\)](#)

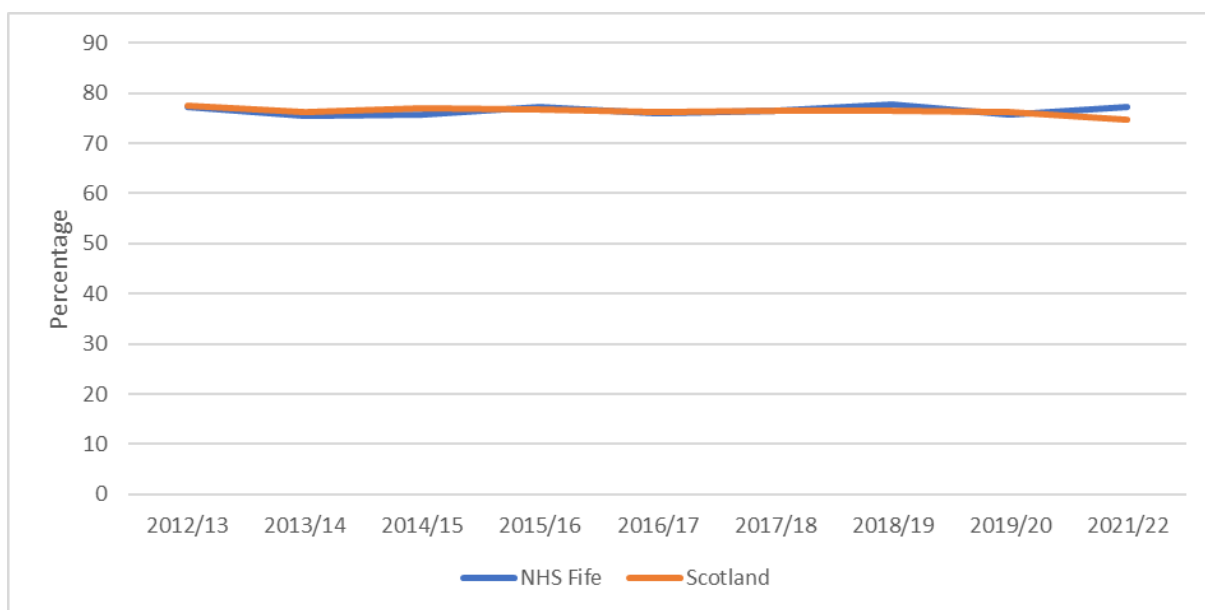
Food/Diet

Healthy weight

In Scotland a school-based review programme monitors the weight and height of children in primary 1(P1). This programme was impacted by the COVID-19 pandemic with fewer children being reviewed and as such 2020/21 figures are not available at a Fife level.

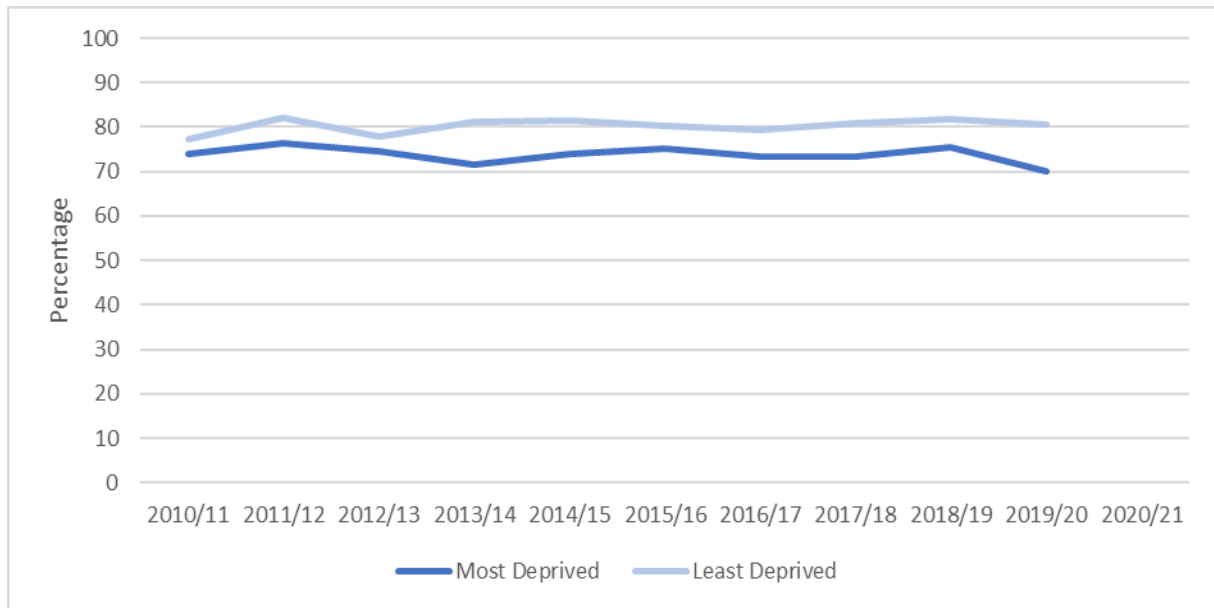
In 2021/22 77.3% of P1 children reviewed in Fife were a healthy weight (see technical information), this was slightly higher than Scotland (74.7%) and higher than the percentage from the last recorded year (2019/20 75.67%)¹.

Figure 1: Percentage of healthy weight children in P1 in Fife and Scotland (School year) (Source: ScotPHO)



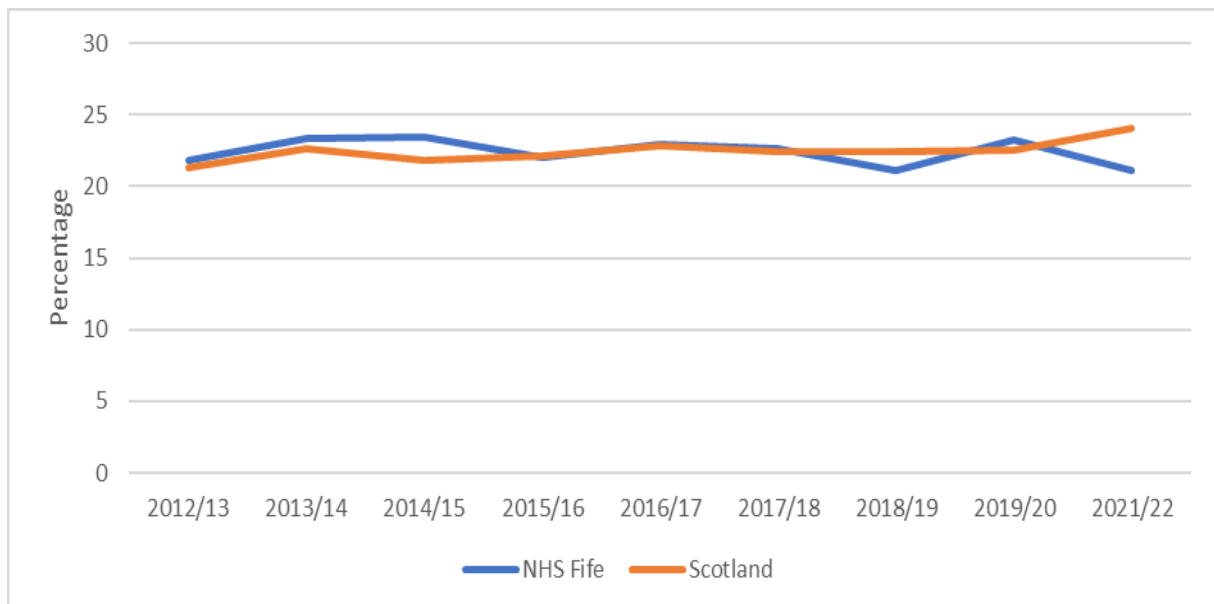
Healthy weight children are more likely to live in the least deprived areas (81.4%) of Fife than in the more deprived areas (74.7%), a consistent trend in the last 10 years².

Figure 2: Percentage of healthy weight children in Fife by SIMD quintile (Source: PHS Primary 1 BMI Statistics)



The percentage of children considered to be obese in Fife in 2021/22 is currently 21.1%, this is lower than the figure for Scotland (24.1%) and is also lower than the last recorded figure of 23.3% in 2020/21³.

Figure 3: Percentage of obese children in Fife and Scotland (Source: PHS Primary 1 BMI Statistics)

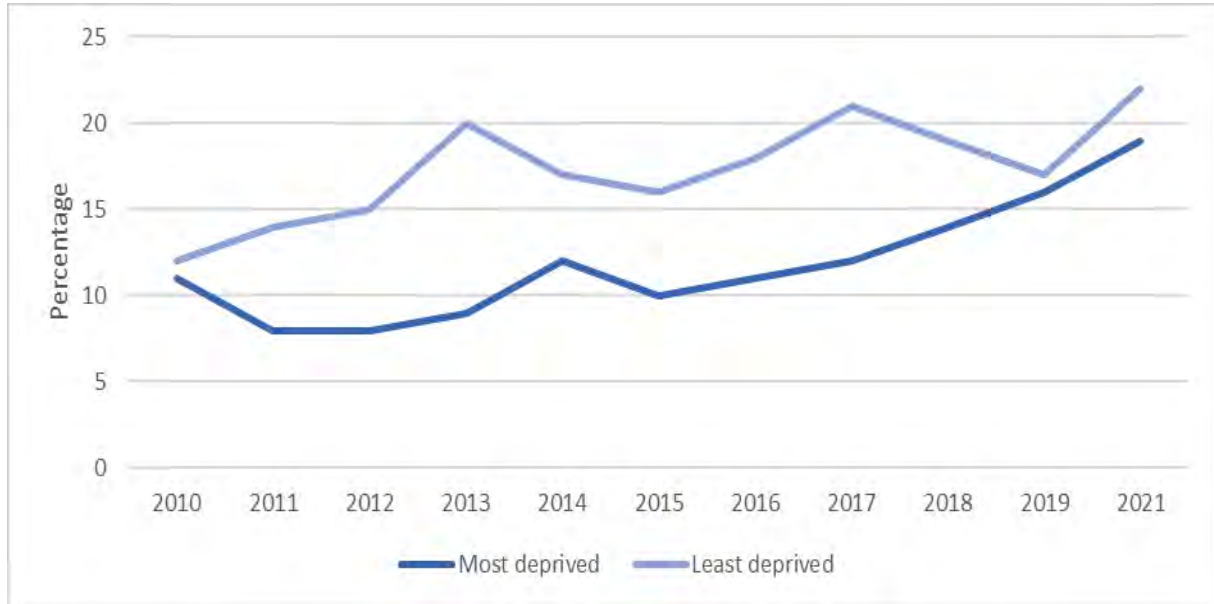


Diet

Scotland’s children are recommended to eat 5 portions of fruit & vegetables a day⁴. The average number of fruit and vegetable portions eaten by children in Scotland (Fife data not available) has increased to 3.4, from 2.8 in 2019 (no data is available for 2020 due to disruptions in data collection during the COVID-19 pandemic). Children living in more deprived areas are less likely to eat 5 or

more portions of fruit or vegetables a day⁵. In the most deprived areas 19% of children meet the 5 a day recommendation compared to 22% in least deprived areas, however since 2015 there has been a consistent increase in the percentage of children meeting the recommendation in the least deprived areas and compared to 2015 (10%) the number has now nearly doubled.

Figure 4: Percentage of children consuming 5 or more portions of fruit and vegetables eaten a day by SIMD quintile for Scotland (Scottish Health Survey)

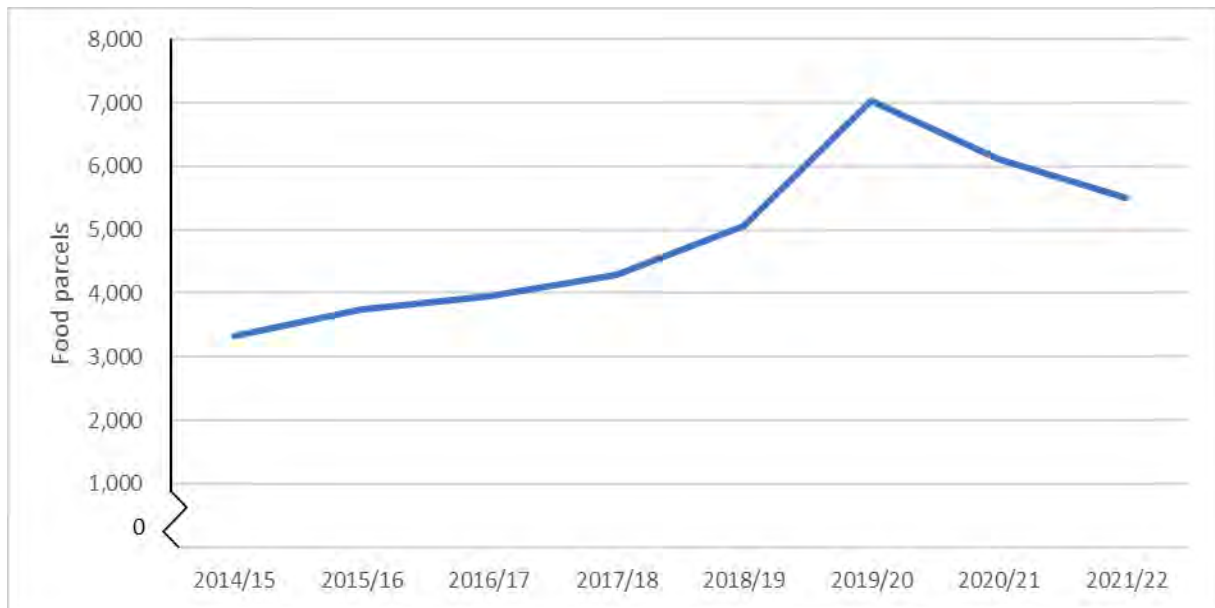


Food insecurity

In Scotland 7% of households have low food security, with 4% having very low security (2020/21). Across the UK 9% of households with children are food insecure compared to 6% of households without children⁶.

The Trussell trust published end of year statistics for foodbank use throughout the UK. The number of food parcels given out to children had been increasing year on year up to the financial year 2019/20 with 7,028 parcels given out to children in Fife (see technical information below). After this time the numbers have decreased, and in Fife for the financial year 2021/22 5,506 parcels were given out⁷. This trend is also seen across Scotland.

Figure 5: Number of food parcels given to children in Fife by financial year (Source: The Trussell Trust)



Technical Information

Data relating to healthy weight and obesity are reported using epidemiological thresholds which are used to monitor changes in the whole child population of the proportion of children who are at risk of an unhealthy weight. Figures for primary 1 are based on children with a valid height and weight record, and their BMI is between and of the 10 UK reference range for their sex and age.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD is derived from the child's household postcode.

Food security is a measure of whether households can have an active and healthy lifestyle based on the food they have. Questions are asked based on the 30 days prior to the interview.

The Trussell Trust records the number of food parcels given out. If a family of 2 adults and 2 children attend a food bank this would be recorded as 4 parcels; 2 for adults and 2 for children.

¹ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (Indicator: Child healthy weight in primary 1)

² [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/scottish-health-and-social-care-open-data/) (Table: Epidemiological BMI at deprivation at health board level)

³ [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/scottish-health-and-social-care-open-data/) (Table: Epidemiological BMI at health board level)

⁴ [Situation Report - The Scottish Diet It Needs to Change \(2020 update\).pdf \(foodstandards.gov.scot\)](https://www.foodstandards.gov.scot/publications-reports/situation-report-the-scottish-diet-it-needs-to-change-2020-update.pdf)

⁵ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/) (Indicator: Fruit and vegetable consumption (mean daily portions) children)

⁶ [Family Resources Survey - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/family-resources-survey)

⁷ [End of Year Stats - The Trussell Trust](https://www.trusselltrust.org/2020-end-of-year-stats/)

Smoking and Children and Young People

This local summary presents key findings from the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) survey for S2 & S4 pupils attending schools in Fife Council area¹. The next update will be from the 2023 Fife Young People's Health & Wellbeing Survey.

Findings from the Health & Wellbeing (HWB) Census Scotland² (16 local authorities excluding Fife) on cigarette and e-cigarette use in S2 and S4 school pupils are included to give an indication of a more recent national picture.

Smoking prevalence in Fife

From the 2018 Scottish Schools Adolescent and Lifestyle Survey; 12 % of S2 pupils had tried smoking, 1% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 2 % were regular smokers (usually smoking one or more cigarettes per week).

33% of S4 pupils had tried smoking which is 2% more than reported for Scotland, 6% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 8 % were regular smokers (usually smoking one or more cigarettes per week) which is 1% more than reported for Scotland in 2018, Figure 1.

Findings from the Health & Wellbeing Census Scotland 2021/22 show smoking prevalence for both age groups dropped for occasional and regular smokers. 0.8% of S2 pupils and 2.4% of S4 pupils reported occasional use and 1.6% of S2 and 4.3% of S4 pupils reported regularly smoking, Table 1.

Figure 1: Smoking prevalence as % of pupils surveyed, Fife (Source: SALSUS 2018)

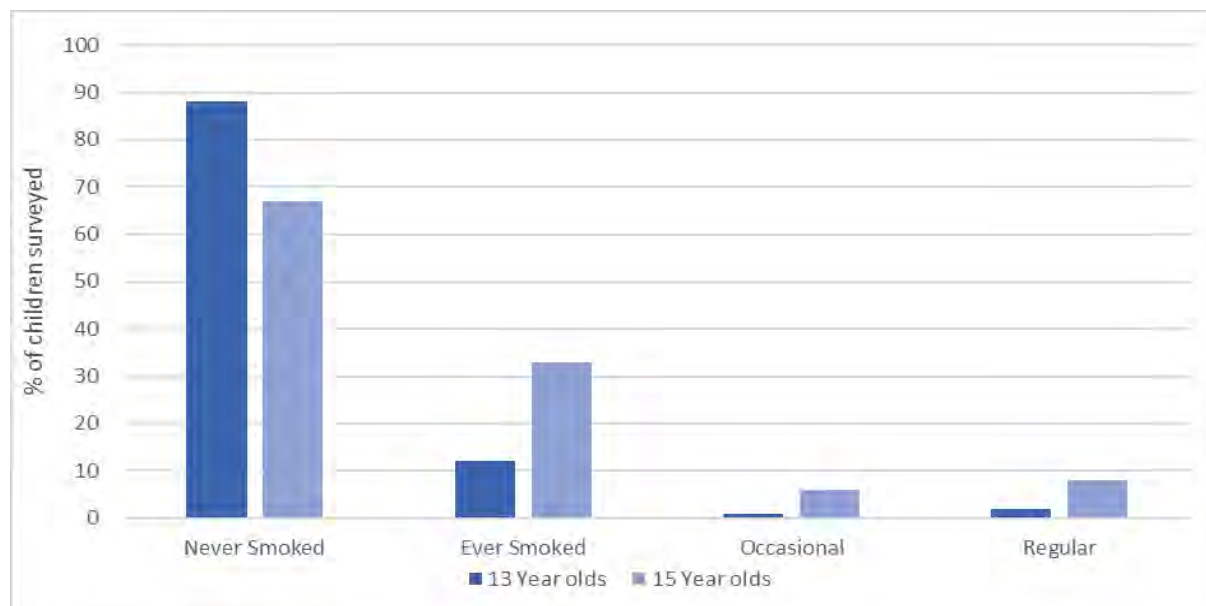


Table 1: Smoking prevalence, % in each pupil stage, Scotland (Source: HWB Census)

	S2	S4
Non-smokers	94.5%	89.4%
Occasional smokers	0.8%	2.4%
Regular smokers	1.6%	4.3%
Prefer not to say	3.1%	3.9%

Smoking prevalence by sex

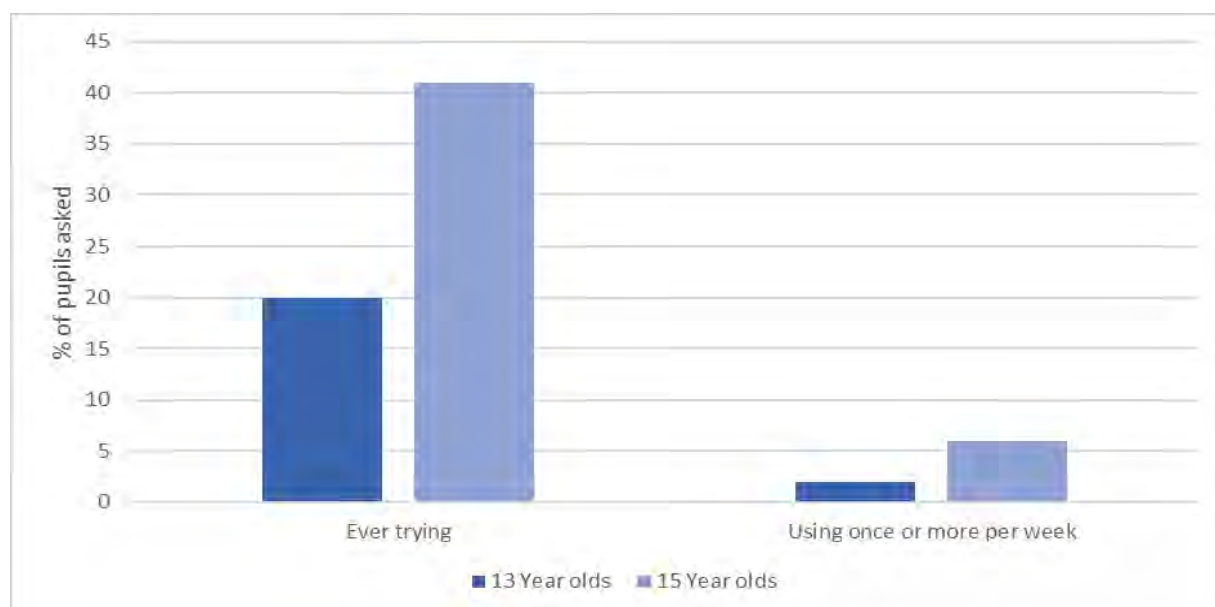
The HWB Census reported for Scotland the split by sex for S2 and S4 pupils who regularly smoked was 2.9% male, 2.5% female and 4.8% unknown. Occasional smokers across both age groups were 1.3% male and 1.7% female.

E-cigarette use

All pupils were asked about e-Cigarette use, in Fife 20% of S2 pupils (3% more than reported for Scotland) and 41% of S4 pupils(6% more than reported for Scotland) had reported trying e-cigarettes. 2% of S2 and 6 % of S4 pupils(2% more than Scotland) reported using e-cigarettes once or more per week¹.

The HWB Census reported for Scotland 6.8% of S2 pupils using e-cigarettes at present and 4.3% were regular vapers. This increased for S4 age group with 14.8% of pupils using e-cigarettes at present and 10.1% were regular vapers.

Figure 2: E-cigarette use in S2 and S4 pupils in Fife (Source: SALSUS 2018)



Cigarette and e-cigarette use by SIMD20, Scotland

Findings from the HWB Census for Scotland indicate a higher prevalence of use for both smoking and vaping in the most deprived areas, Table 2.

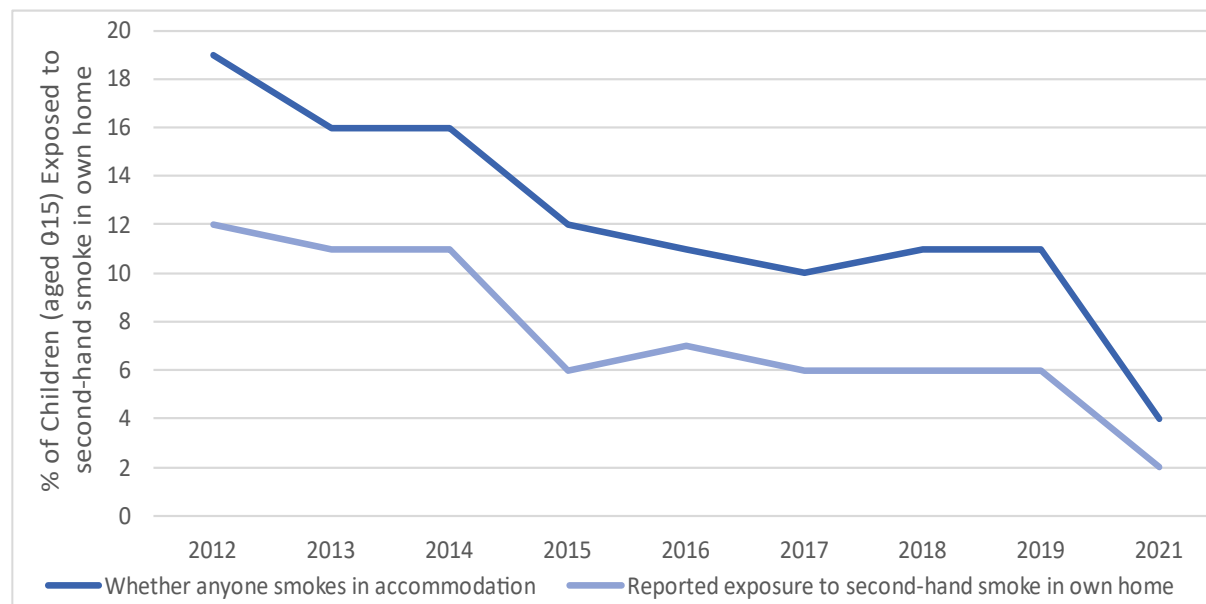
Table 2: % Cigarette and e-cigarette use in S2 and S4 pupils Scotland (Source: HWB Census)

Response	SIMD 1 (most deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (least deprived)	Unknown
Regular smokers	3.2%	3.4%	3.1%	2.5%	1.5%	4.2%
Occasional smokers	1.3%	1.7%	1.6%	1.6%	1.3%	[c]
Use of e cigarettes at present	11.3%	11.0%	11.1%	10.2%	7.7%	8.4%
Regular vaper	7.8%	7.8%	7.3%	6.6%	4.6%	4.7%

Exposure to second-hand smoke in own home, Scotland 2021

The number of children aged 0-15 years who are exposed to second-hand smoke at home in Scotland has reduced significantly since 2012 (Figure 3). For those reporting anyone smokes at home figures decreased from 19% in 2012 to 4% in 2021 and for those reporting children had exposure to second-hand smoke at home this reduced from 12% in 2012 to 2% in 2021.

Figure 3: Exposure to second-hand smoke in own home, Scotland 2012-2021 (Source: The Scottish Health Survey 2021)



¹ SALSUS 2018 [Summary findings for Fife Council \(www.gov.scot\)](https://www.gov.scot/publications/salsus-2018/summary-findings-for-fife-council/pages/summary-findings-for-fife-council.aspx)

² [Health & Wellbeing \(HWB\) Census Scotland](#)

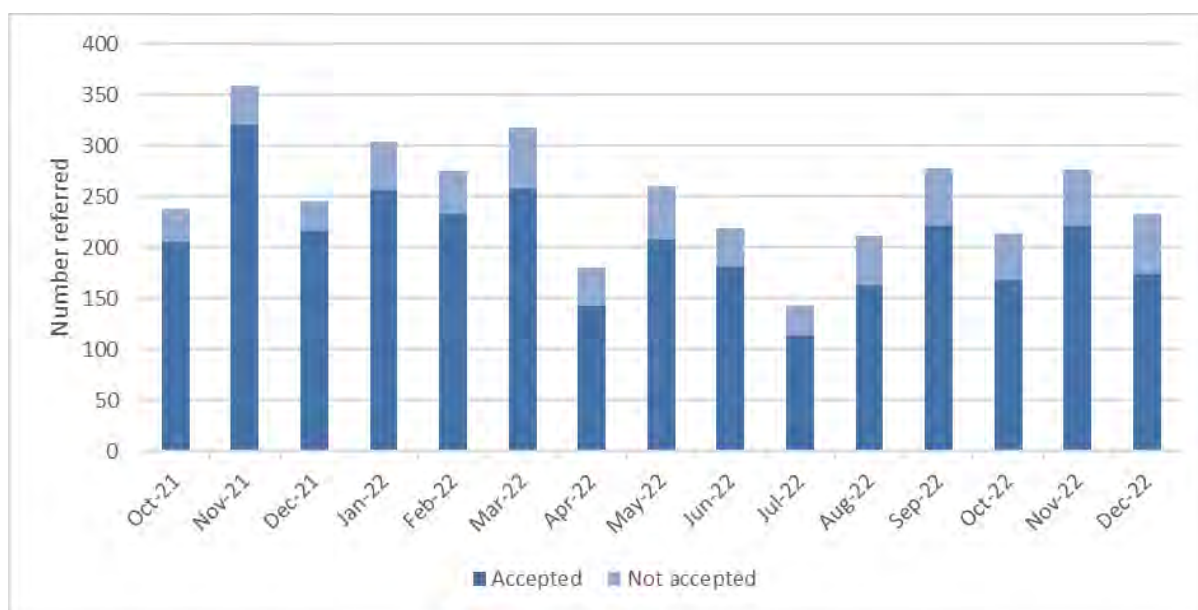
Mental Health and Wellbeing

Up to date data is limited on the wellbeing of children and young people in Fife until the results are available from the 2023 Fife Children & Young People's Health & Wellbeing Survey. It is anticipated that these results will be available from late summer.

Referrals

During 2022 2,910 children were referred to Child and Adolescent Mental Health Services (CAMHS) in NHS Fife, with 80.3% of these accepted for treatment¹.

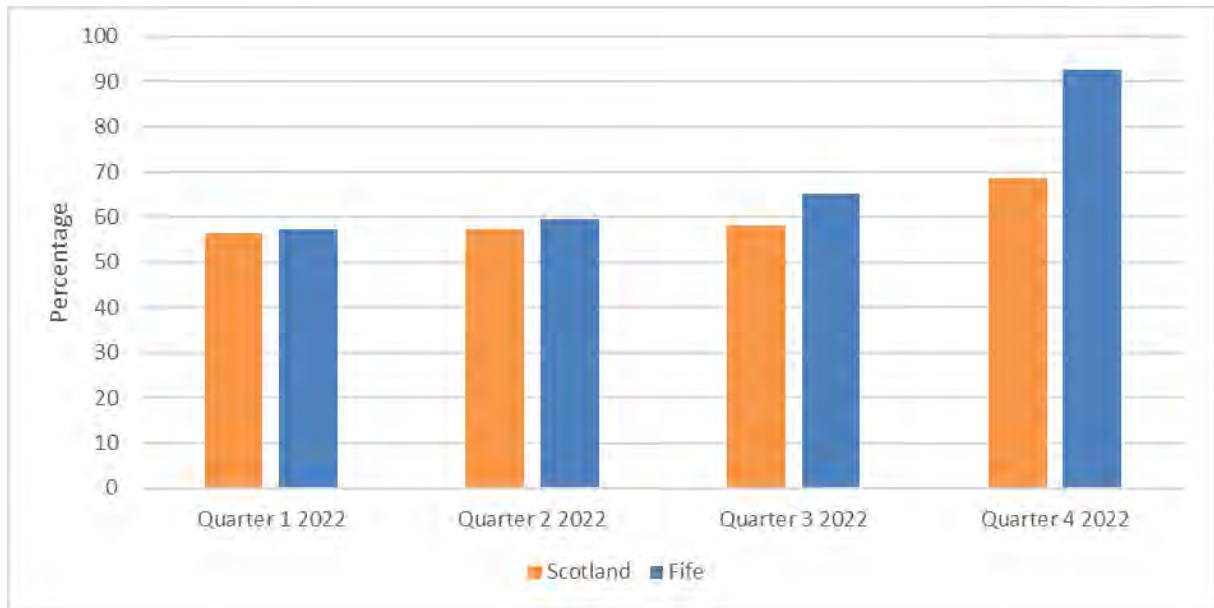
Figure 1: Number of children referred to NHS Fife CAMHS split by those accepted and not accepted for treatment (Source: PHS Child and adolescent mental health services (CAMHS) waiting times)



Waiting times

Throughout 2022 there has been an increase in the percentage of children meeting the Scottish Government's CAMHS 18-week referral to Treatment Target (RTT), in the last quarter of 2022 there was an increase from 68.6% in the previous quarter to 92.6%¹.

Figure 2: Percentage of children in 2022 meeting the 18-week Referral to Treatment Target in NHS Fife and Scotland (Source: PHS)



¹ [Dashboard - Child and Adolescent Mental Health Services \(CAMHS\) waiting times](#)

Impact of Alcohol and Drugs

Up to date data is limited on the use of alcohol and drugs in children aged under 18 in Fife until results are available from the 2023 Fife Children & Young People's Health & Wellbeing Survey (please see technical information section below). As such this section uses Fife data from the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) and headline findings from the Health & Wellbeing Census Scotland (16 local authorities excluding Fife) to give an indication of a more recent national picture

Alcohol

Alcohol Use

Findings from the SALSUS 2018 survey reported 6% of S2 and 24% of S4 pupils in Fife had drunk alcohol in the last week compared to 6% and 20% across Scotland.

More than two thirds of pupils in S2 and 41% of pupils in S4 in the national Health & Wellbeing Census from other areas in Scotland reported that they did not currently drink alcohol (Table 1). In both age groups the most common reported frequency of drinking alcohol was 'a few times a year'. 10% of S4 pupils reported that they drank alcohol about once a week and also once a fortnight.

Table 1: Frequency of drinking alcohol; % in each pupil stage (Source: HWB Census)

	S2	S4
More than once a week	1.2	3.2
About once a week	2.3	9.6
About once a fortnight	2.6	9.7
About once a month	4.3	10.8
Only a few times a year	22.3	25.9
I never drink alcohol now	67.2	40.7

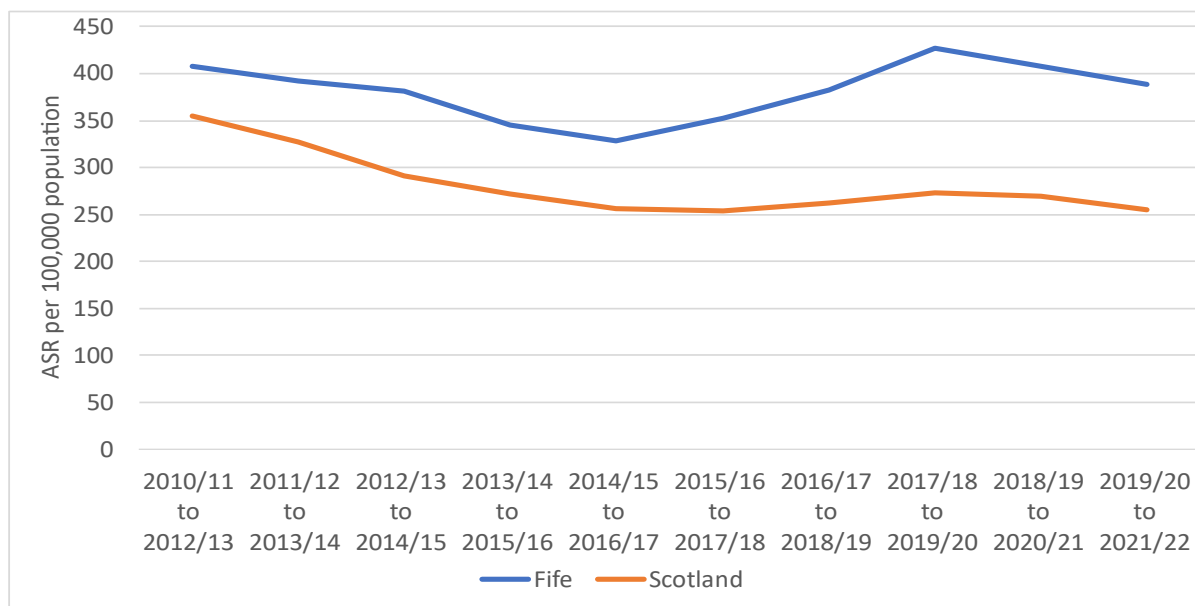
Alcohol-related hospital admissions

In the last three years there have been an annual average of 252 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (age-sex standardised) of 389 per 100,000 population.

Figure 1 shows an increasing trend in rates of alcohol-related hospital admissions from 2014/15-2016/17 to 2017/18-2019/20 following a period of declining rates. Rates have fallen in the two most recent time periods but it is unclear what impact COVID-19 will have had on these figures but they are likely to be lower than would have been observed.

Fife has had consistently higher admission rates than Scotland in all time periods shown. The pattern of admissions has been similar, but Scotland did not see the large increase in admission rates so the gap between Fife and Scotland has widened.

Figure 3: Alcohol-related hospital admissions, aged 11-25 years Fife and Scotland; three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source PHS)



Drugs

Drug Use

In the 2017 survey 1 21% of pupils in Fife reported they had 'ever' used drugs compared to 21% across Scotland.

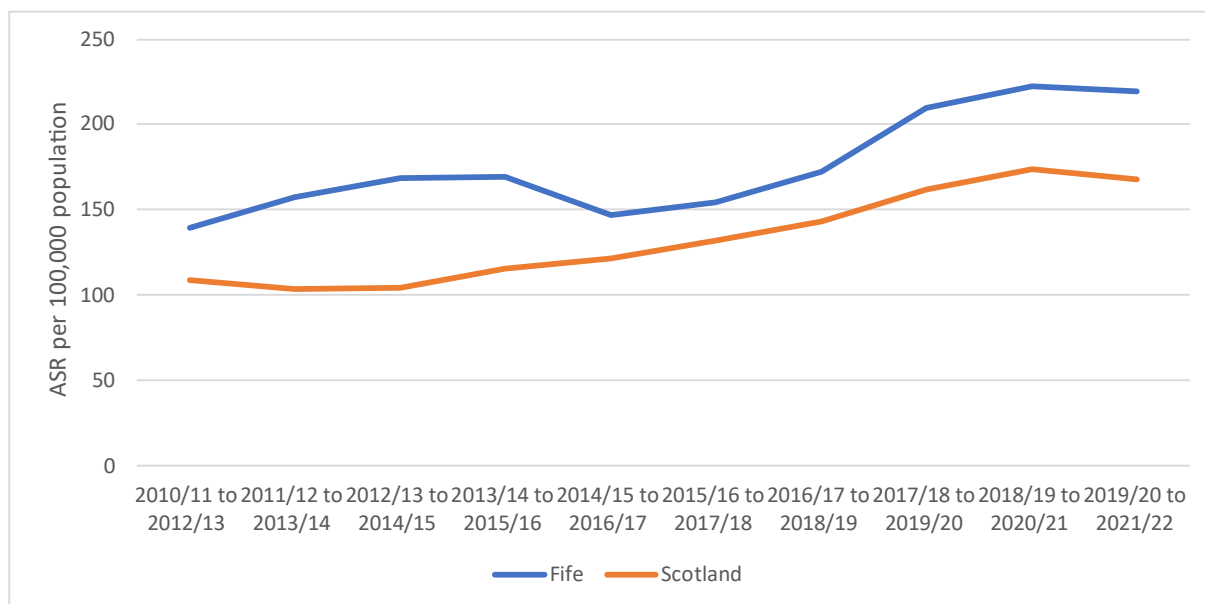
10% of pupils in S4 reported in the Health & Wellbeing Census that they had 'ever' taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you'. Of these pupils who reported 'ever' drug use, 1 reported that they took drugs 'once or twice a month' and 1 reported taking drugs 'at least once a week or more'. The most reported type of drug used was cannabis which had been taken by 1 of the pupils who reported 'ever' drug use.

Drug-Related Hospital Admissions

In the last three years there have been an annual average of 144 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (standardised) of 219 per 100,000 population which was higher than the Scottish rate of 168. Fife has had consistently higher admission rates than Scotland in all time periods shown.

Both Fife and Scotland show a trend of year on year increasing average rates of drug-related hospital admissions, from 2012/13-2015/16 in Scotland and two years later in Fife (Figure 2). Rates fell between 2018/19-2020/21 and 2019/20-2021/22 but it is unclear what impact COVID-19 will have had on these figures but they are likely to be lower than would have been observed.

Figure 2: Drug-related hospital admissions, aged 11-25 years Fife and Scotland; Three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source: PHS)



Technical information

Between 2002 and 2018 the SALSUS survey was the main source of substance use data in young people in S2 and S4 in Scotland¹. Questions on alcohol and drug use are now included in the new Health and Wellbeing Census which was given to S2 and S4 pupils in 16 local authorities (not Fife) across Scotland in 2020-2021². Data on these topics for Fife will be available from the Fife Children & Young People's Health and Wellbeing Survey in late summer 2023.

Hospital admissions that are alcohol- or drug-related, defined as admissions with an alcohol- or drug-related code in any diagnostic position, are published annually on ScotPHO at health board level for 11-25 year olds but not for other age groups³. Public Health Scotland publish Scotland level admission rates for under 15s and 15-24 age group⁴.

¹ <https://www.gov.scot/collections/scottish-schools-adolescent-lifestyle-and-substance-use-survey-salsus/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/>

³ <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

⁴ <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2021-to-2022/>

<https://www.publichealthscotland.scot/publications/drug-related-hospital-statistics/drug-related-hospital-statistics-scotland-2021-to-2022/summary/>

Sexual Health

Data is limited on the of sexual health and wellbeing in children aged under 18 in Fife and across Scotland (see technical information below). This section will provide an overview of teenage pregnancy in under 18s and under 16s in Fife and a national overview of rates of sexually transmitted infections.

Teenage Pregnancies - Fife

In 2020 there were 95 teenage pregnancies in under 18s and 12 in under 16s in Fife. There has been a significant fall in the number of teenage pregnancies in both age groups in the last 10 years (Table 1).

Table 1: Teenage pregnancies by age group; Fife 2011 to 2020 (Source: PHS)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Under 16s	41	41	26	26	24	27	22	19	23	12
Under 18s	236	216	201	147	149	127	145	129	118	95

Teenage Pregnancies - Fife compared to Scotland and other Health Boards

Teenage pregnancy rates in both age groups in Fife and Scotland are currently at their lowest levels since reporting began in 1994. In the last 10 years rates in Fife have fallen by 55% in the under 18s and by 70% in under 16s. Reductions of 58% and 65% were seen nationally.

Among under 18s rates in Fife remain significantly higher than Scottish average, 16.6 per 1000 population compared to 12.8. Among under 16s rates in Fife were the same as those in Scotland in 2020 at 2 per 1000 population (Figure 1).

Figure 2 shows that in 2020 under 18 teenage pregnancy rates in Fife were the second highest of mainland health boards. Data is not available for all Health Boards for rates of pregnancy in the under 16s so figures are not presented.

Figure 1: Teenage pregnancy rates by age group; Fife and Scotland 2011-2020 (Source PHS)

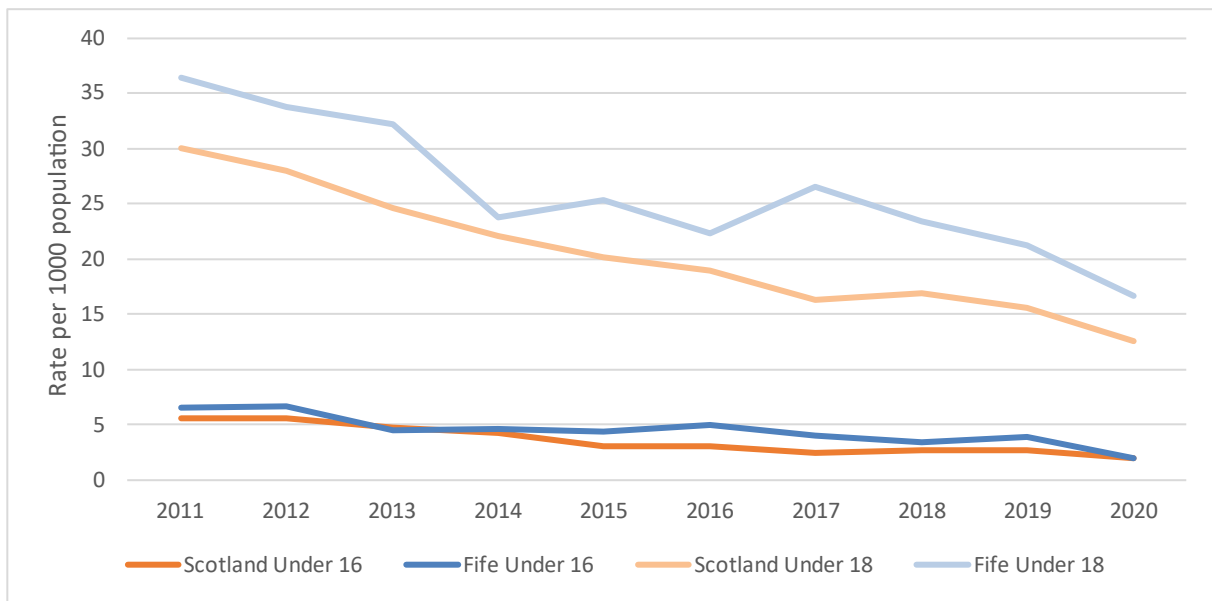
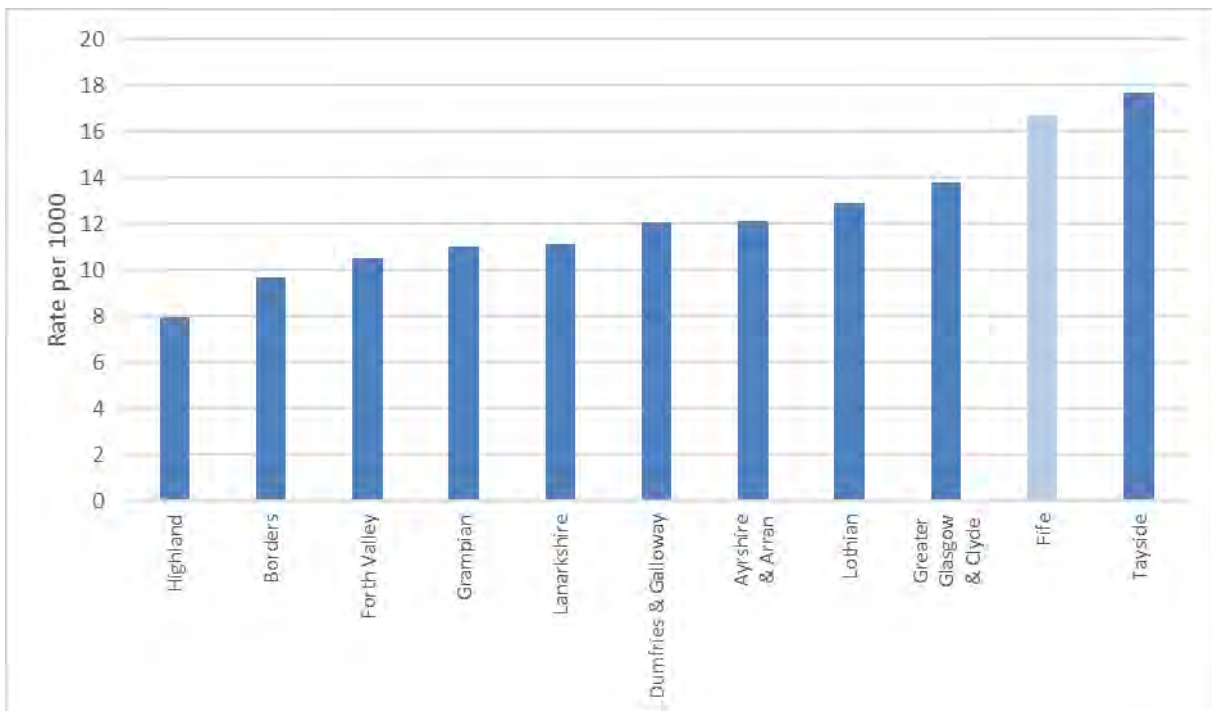


Figure 2: Teenage pregnancy rates in under 18s by Health Board (Source:PHS)

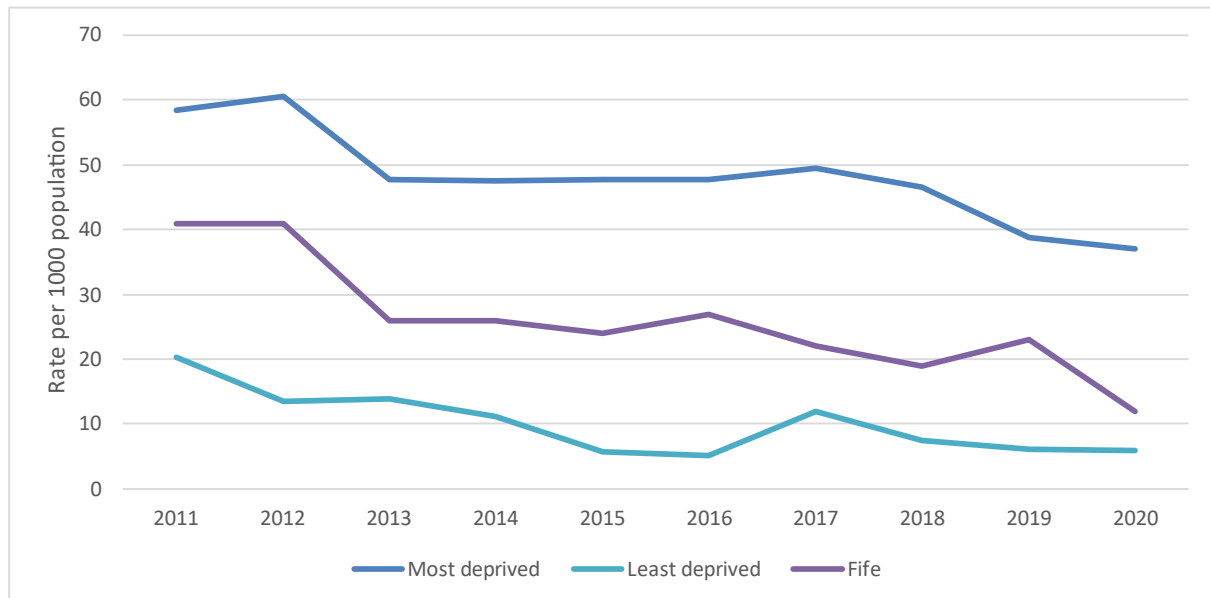


Teenage Pregnancies – Inequalities

Areas of highest deprivation (most deprived SIMD20 quintile) had under 18 pregnancy rates more than six times higher than those in the least deprived areas in 2020, 37 per 1000 population compared to 6 per 1000 (Figure 3). Across Scotland rates in the most deprived areas were five times greater than in the least deprived areas. Fife had higher rates than Scotland in both most and least deprived areas but the largest difference was in the most deprived areas 37 per 1000 population in Fife compared to 24 per 1000 population.

In Fife rates have reduced across all areas with differing levels of deprivation in the last 10 years (Figure 3). Rates have not reduced as much in the most deprived areas (-58%) compared to all other areas especially the least deprived areas where rates reduced by more than 200%. As such the gap between rates in the most and least deprived areas has widened (Figure 3).

Figure 3: Teenage pregnancy rates in under 18s by SIMD20 Quintiles; 2011 to 2020 (Source: PHS)



Sexually Transmitted Infections in Under 20s in Scotland

Data has recently been published on the number of laboratory confirmed diagnoses of gonorrhoea by age group and gender across Scotland and by Health Board for all ages. This data showed that there has been an annual increase in gonorrhoea diagnoses since 2013 (with exception of 2019 and 2020 where case detection fell due to COVID-19) with the numbers recorded in 2022 the highest ever recorded, 5,641 cases across Scotland and 334 cases in Fife³.

This increase has been observed across all age groups including among the under 20s (Table 2). In 2022, 37% and 12% of diagnoses in women and men in Scotland were in individuals aged less than 20 years respectively. Among women diagnosed with gonorrhoea since 2013, on average 72% of cases each year were in women aged less than 25 years. This is substantially higher than the annual average among men of 39%.

Table 2: Laboratory confirmed diagnoses of gonorrhoea in persons aged under 20: Scotland 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	141	134	174	163	190	279	264	166	112	468
Women	202	173	140	184	244	355	488	278	169	671

Technical information

Public Health Scotland publish data annually on teenage pregnancies in the under 18s and under 16s and provide additional data tables which allow analysis of Health Board data by age and deprivation¹. Teenage pregnancy data counts the number of conceptions in individuals aged under 20 years of age and includes live births, still births and notifications legal abortions.¹

The new Health and Wellbeing Census Scotland collected information on sexual health perceptions and behaviours from pupils in S4 to S6 in 16 local authorities². Data on similar topics will be available from the Fife Children & Young People's Health and Wellbeing Survey late summer 2023. Data on selected sexually transmitted infections is published for the under 20s in Scotland and is not currently available for the under 18s³.

¹ <https://publichealthscotland.scot/publications/teenage-pregnancies/teenage-pregnancies-year-of-conception-ending-31-december-2020/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/relationships-and-sexual-health/>

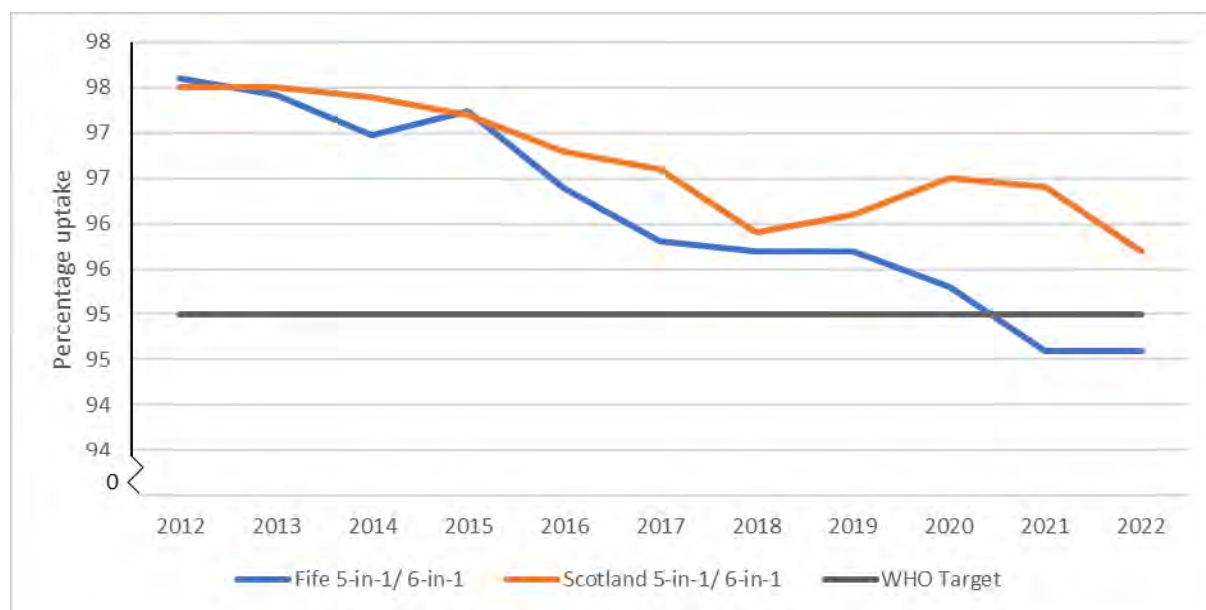
³ <https://publichealthscotland.scot/news/2023/march/gonorrhoea-infection-in-scotland-2013-2022-report/>

Immunisation

Childhood Immunisation

Uptake of the 5-in-1/6-in-1 (which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b/hepatitis B) vaccine has been in decline and in 2022 was at the lowest uptake for 10 years at 94.2%. This is lower than the uptake seen across Scotland of 95.7%¹.

Figure 1: Uptake of the 5-in-1/6-in-1 vaccine at 12 months in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



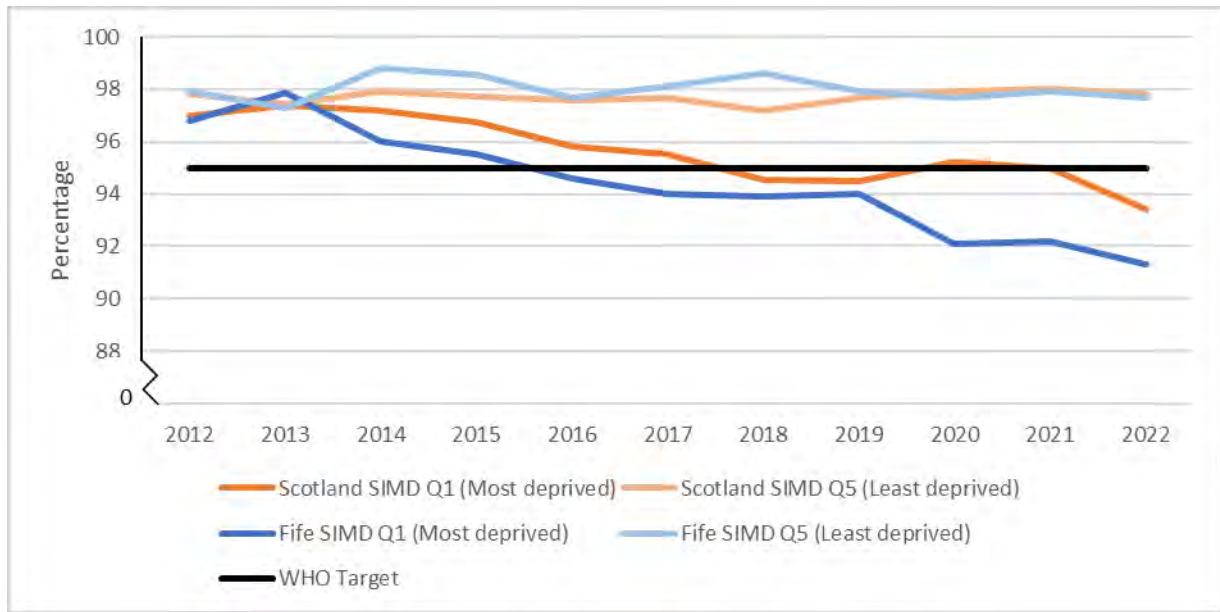
In 2022 uptake of both doses of MMR at 5 years old in Fife was 88%, this does not meet the 95% target and is lower than uptake for Scotland (90.5%). By 6 years old uptake of both doses is higher and is similar to uptake for Scotland (Table 1)¹.

Table 1: Summary of MMR uptake in Fife and Scotland 2022 (Source: PHS Childhood Immunisation Statistics Scotland)

Evaluation period 01/01/2022 – 31/12/2022	Fife	Scotland
Dose 1 MMR uptake at 24 months of age	92.9%	93.9%
Dose 1 MMR uptake at 5 years of age	95.4%	95.2%
Dose 1 MMR uptake at 6 years of age	95.6%	94.8%
Dose 2 MMR uptake at 5 years of age	88.0%	90.5%
Dose 2 MMR uptake at 6 years of age	91.3%	91.9%

Inequalities are evident in vaccine uptake at 12 months, with the lowest uptake in the most deprived population (SIMD quintile 1). In 2022 the WHO target was met for SIMD quintiles 3 to 5 but not quintile 1 or 2 for the 5-in-1/6-in-1 vaccine¹.

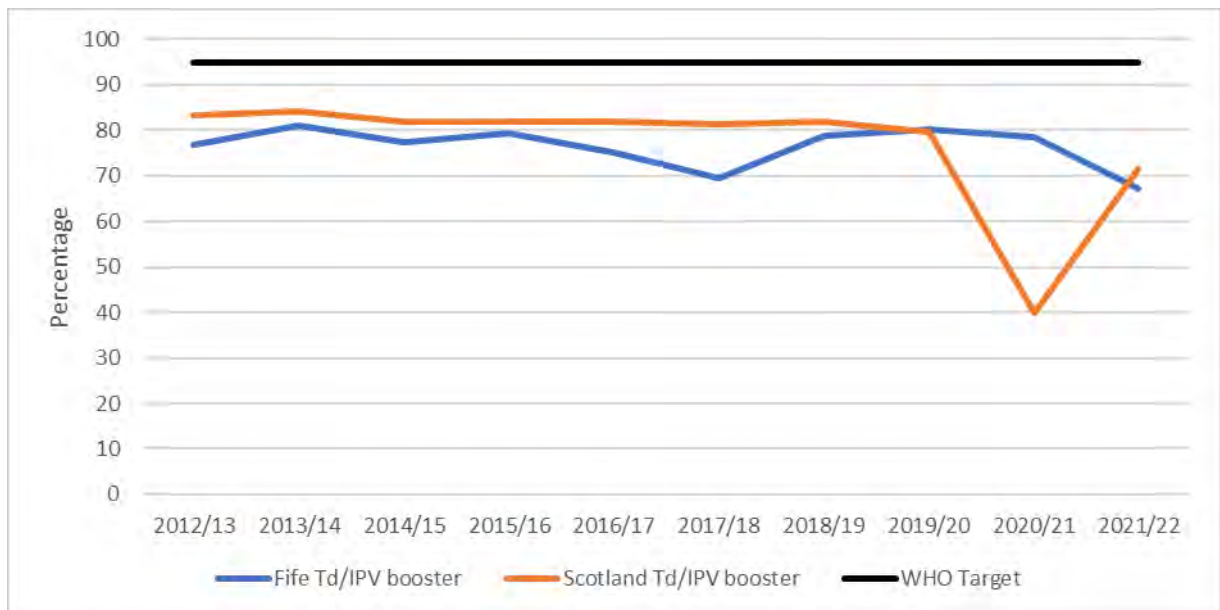
Figure 2: Percentage uptake of the 6-in-1 vaccine at 12 months by SIMD in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



Teenage Immunisations

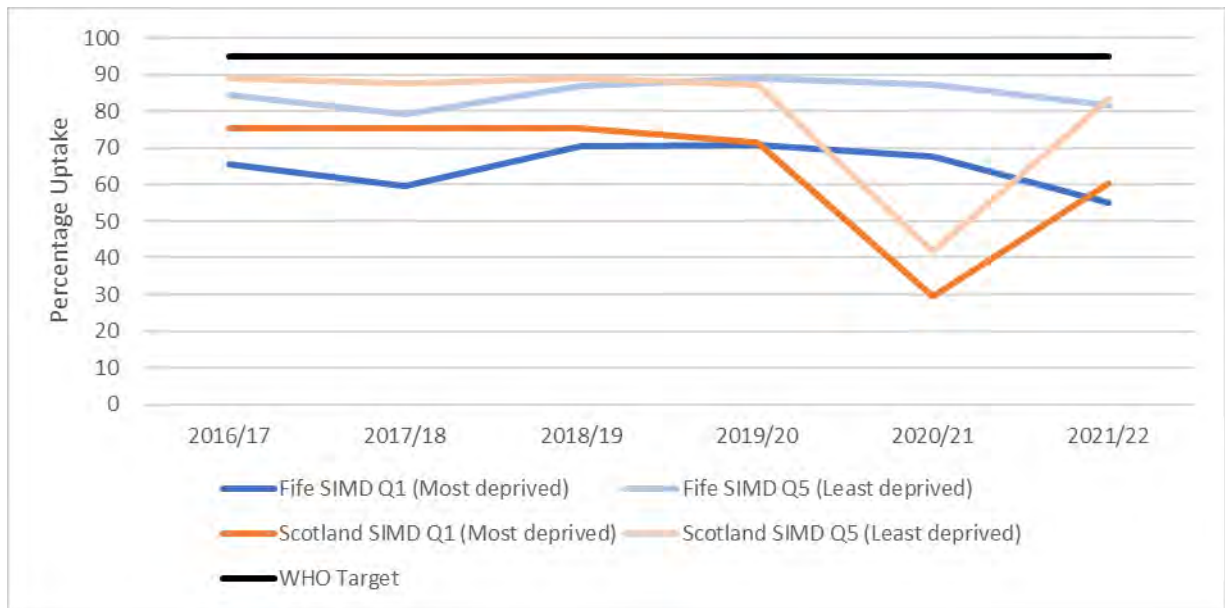
The Td/IPV (tetanus, diphtheria and polio) booster are first offered to all children in school at S3 (around 14 years old). Uptake in 2021/22 in Fife decreased to 67.3% from 78.6% in 2020/21 and was also lower than uptake for Scotland (71.6%)².

Figure 3: Percentage uptake of the Td/IPV booster at S3 in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Lower uptake is seen in the most deprived populations with a 55.1% uptake in the most deprived populations (SIMD quintile 1) compared to 81.8% uptake in the least deprived (SIMD quintile 5) in 2021/22. This is a trend seen across Scotland.

Figure 4: Td/IPV percentage uptake by SIMD in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Technical Information

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and health care are derived from the child's home postcode.

¹ [Childhood immunisation statistics - Public Health Scotland](#)

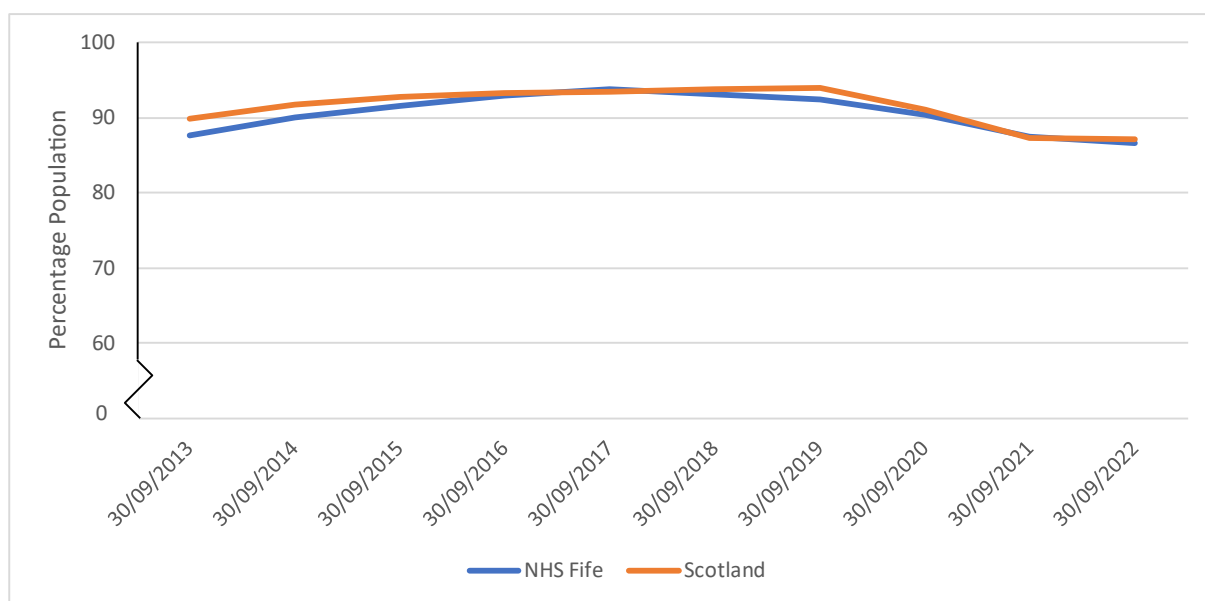
² [Teenage booster immunisation statistics - Public Health Scotland](#)

Dental

General Dental Services (GDS) registrations and participation

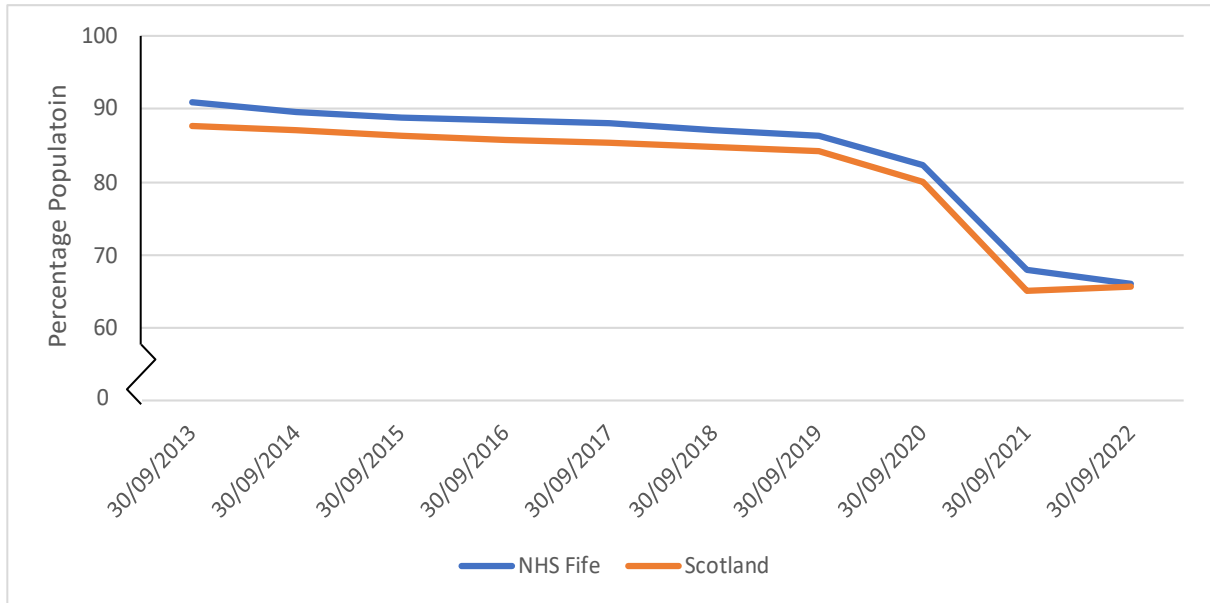
Registrations are the percentage of people registered with an NHS dentist at the date of snapshot. Participation is defined as contact with the General Dental Service (GDS) for examination or treatment in the previous two years. This is restricted to patients who are registered with an NHS dentist and therefore does not include patients who only attend for occasional or emergency treatment. NHS Fife tracks closely to Scotland in terms of registrations with both seeing a decrease over the last few years (Figure 1)¹.

Figure 1: GDS % Population Registrations Children NHS Fife vs Scotland Annual Snapshots



In terms of participation, NHS Fife has generally been slightly higher than Scotland but both have decreased since 2019 (Figure 2)².

Figure 2: GDS % Population Participation Children NHS Fife vs Scotland Annual Snapshots



Differences are seen within Fife with the most deprived areas (SIMD quintile 1) being lower for both registrations³ and participation⁴ over the past 10 years (Figures 3 and 4). The gap between most and least deprived has widened in both over the last few years.

Figure 3: GDS % Fife Population Registrations Children Annual Snapshots SIMD quintiles

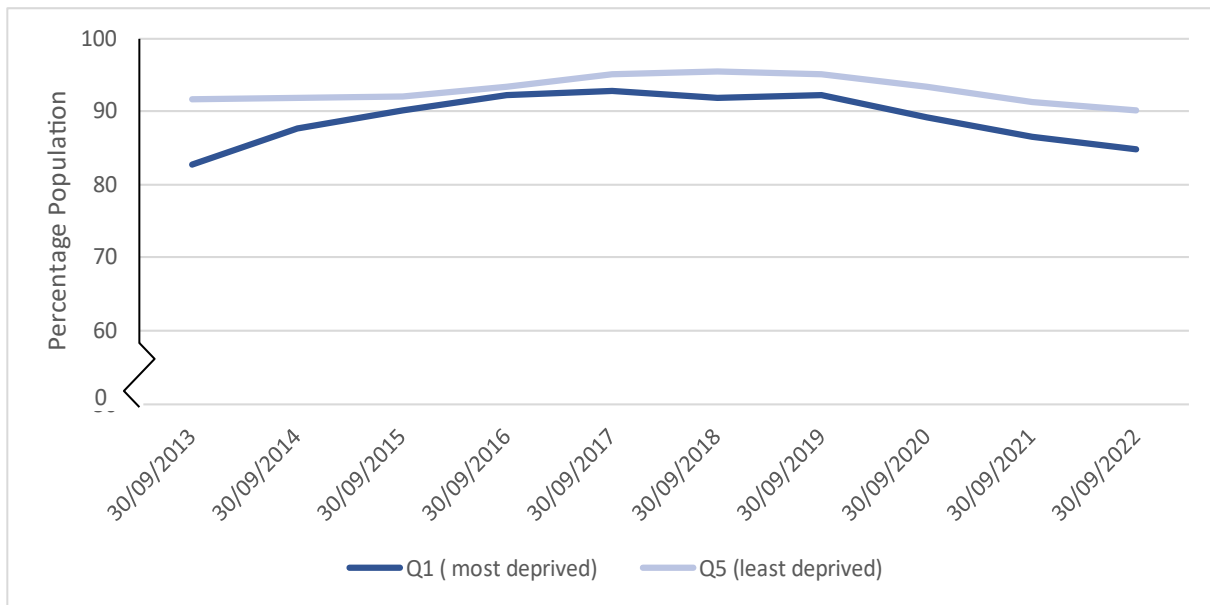
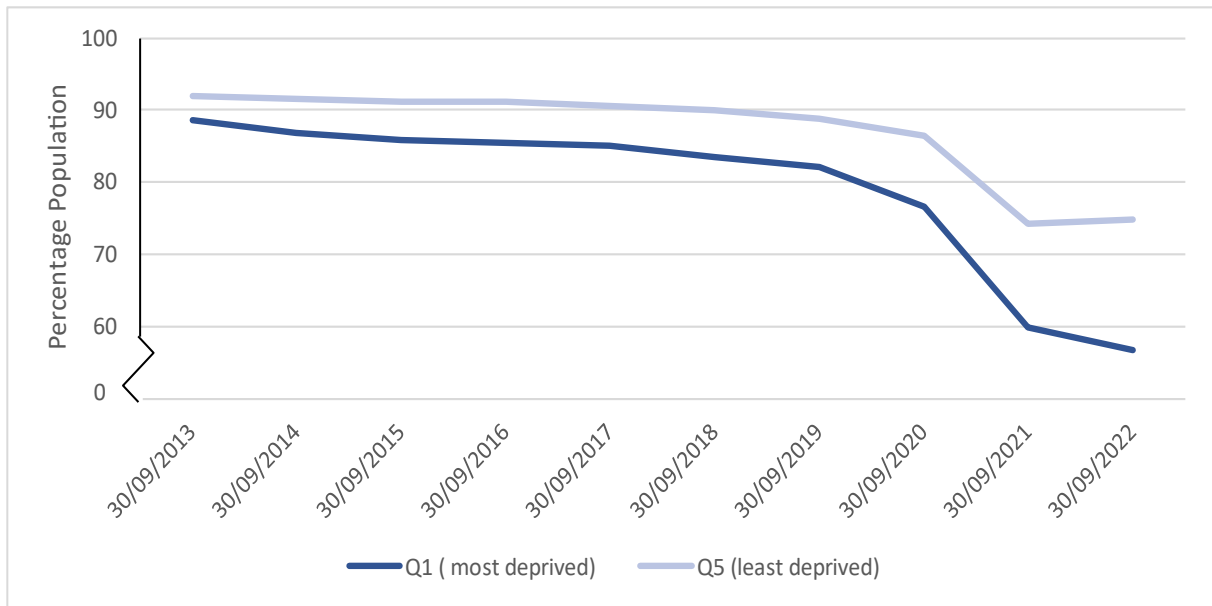


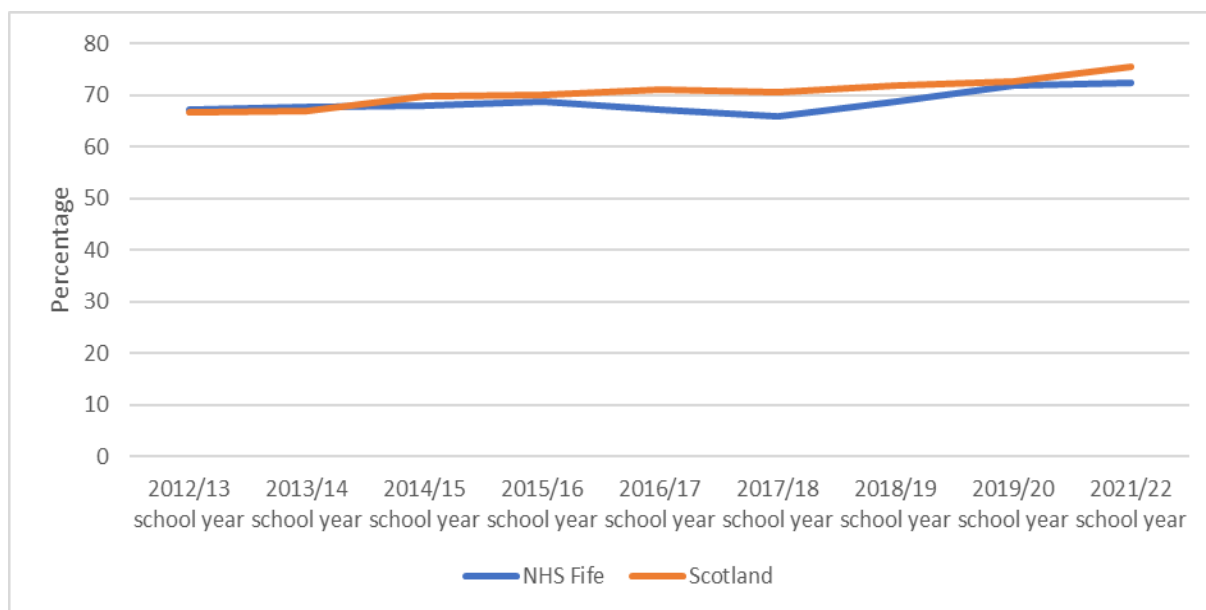
Figure 4: GDS % Fife Population Participation Children Annual Snapshots SIMD quintiles



National Dental Inspection Programme (NDIP⁵)

The percentage of P1 children with no obvious decay experience has increased over time (Figure 5) for both NHS Fife and Scotland ⁶. Note that there is a gap in the trend due to data collection of this indicator being affected by the COVID-19 pandemic.

Figure 5: Percentage of P1 children with no obvious decay experience at basic inspection (Source ScotPHO).



Technical information

The data on registration and participation is extracted annually by PHS from the Management Information and Dental Accounting System (MIDAS) with two snapshots per year – end March and end September. This summary uses the annual snapshot from the end of September each year shown. Data for September 2022 is provisional. The number of people registered with an NHS dentist will change daily. SIMD quintiles used are Scotland-level population weighted quintiles. Children are defined as individuals aged <18 at the date of snapshot. Boards are defined by postcode. Population figures use the NRS estimated populations based on the 2011 census. See the Definitions tabs of tables 1-4 in the references for more details.

In April 2010, non-time-limited registration for patients was introduced. This “life-long” registration is designed to allow children and adults to stay registered with a dentist for life. The continuous, practitioner-patient relationship this change introduces is consistent with arrangements elsewhere in primary care, such as general medical services; it aims to promote a more stable relationship between dentist and patient to improve attendance and enable long-term monitoring and management of oral health.

Please note that registration itself does not tell the whole story; it is one of a number of markers that indicate accessibility of general dental services to the population. Participation, as used by the NHS Information Services Division, is a measure of patient attendance at an NHS general dental practice for registration or treatment or other form of contact within the last 2 years. Participation rates are a further indicator of the care that patients are accessing.

Children categorised as having no obvious dental decay are those children receiving a letter ‘C’ (no obvious decay experience) but should continue to see the family dentist on a regular basis following a basic inspection carried out as part of the National Dental Inspection Programme⁷.

¹ https://publichealthscotland.scot/media/11624/table_1_registrations_trend.xlsx

² https://publichealthscotland.scot/media/11625/table_2_simd_reg_trend.xlsx

³ https://publichealthscotland.scot/media/11273/table_3_part_trend.xlsx

⁴ https://publichealthscotland.scot/media/11626/table_4_simd_part_trend.xlsx

⁵ <https://www.publichealthscotland.scot/media/15799/ndip-2022-tables-and-charts.xlsx>

⁶ [ScotPHO profiles \(shinyapps.io\)](#) Indicator: child dental health in primary 1 (extracted 10/05/2023)

⁷ <https://ndip.scottishdental.org/>

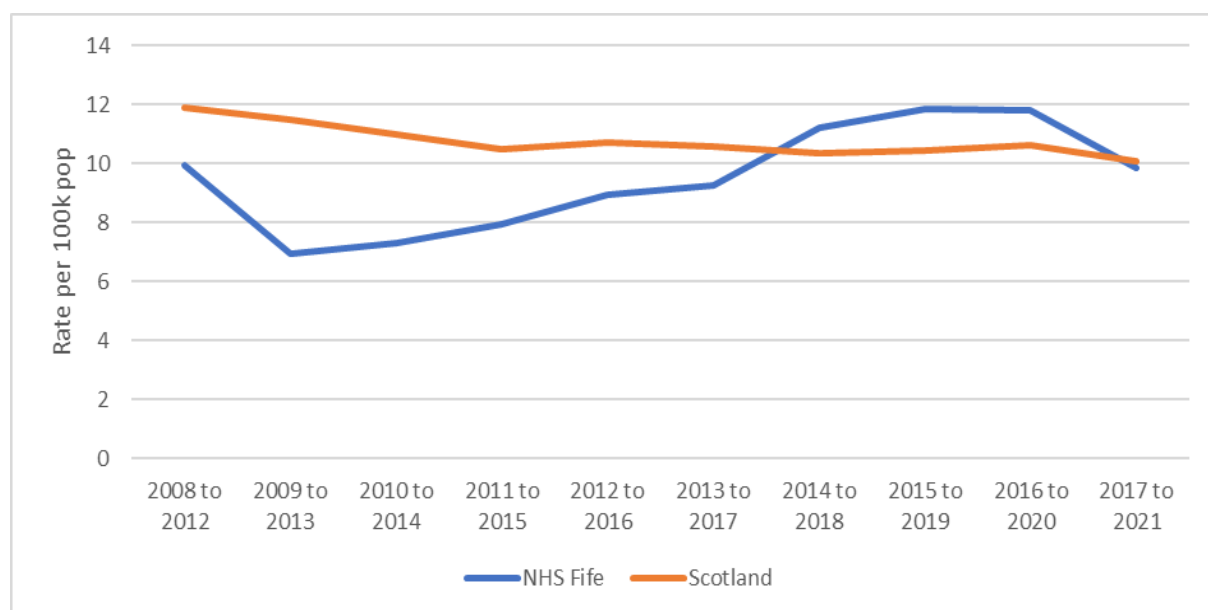
Child deaths reviews

At present data specifically on deaths of children aged 0-17 is not available at Fife or national level. National Records Scotland (NRS) deaths registration data indicates that between 2012 and 2021 an average of 29 persons aged 0-19 years died each year in Fife¹.

Deaths of children aged 1-15 years

Figure 1 shows the trend of deaths in children aged 1-15 years as rate per population with Fife compared to Scotland².

Figure 1: Deaths aged of children aged 1-15 years, crude rate per 100,000 population five year rolling average, NHS Fife and Scotland (Source; ScotPHO)



Leading causes of death in under 19s

National Records Scotland (NRS) publish leading causes of death in persons aged 0-4 years and 5-19 years for Scotland. Table 1 shows the top five of these for each age group in 2021³. NRS also publish information on how causes of death are coded on death certificates and the deaths data in general⁴.

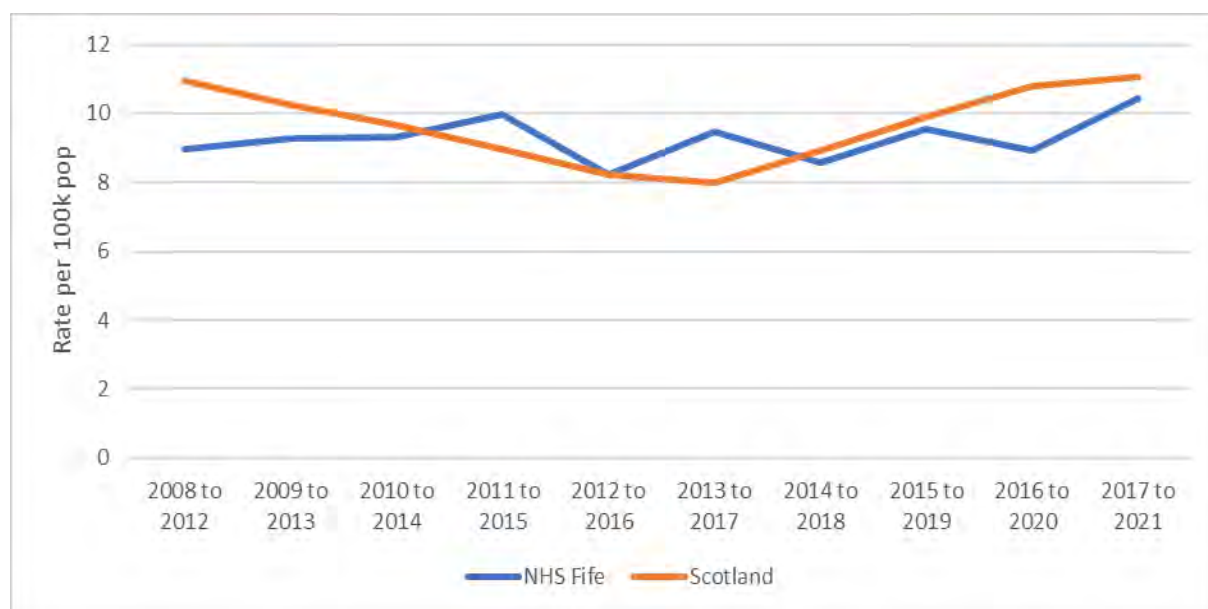
Table 1: Leading causes of death Scotland 2021 age groups 0-4 and 5-19 years

Age group	ICD-10 codes	Leading Causes	Percentage of deaths
0-4 years	P00-P96	Certain conditions originating in the perinatal period	53.7%
	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	23.8%
	R00-R99	Symptoms, signs and ill-defined conditions	8.4%
	W75-W84	Accidental threats to breathing	2.3%
	A39, A87, G00-G03	Meningitis and meningococcal infection	1.4%
5-19 years	X60-X84, Y10-Y34	Suicide and injury/poisoning of undetermined intent	19.1%
	X40-X49	Accidental poisoning	11.0%
	V01-V89	Land transport accidents	9.6%
	W65-W74	Accidental drowning and submersion	5.9%
	C71	Malignant neoplasm of brain	5.1%

Deaths from suicide in young people, aged 11-25

Figure 2 shows the trend in deaths from suicide in people aged 11-25 with a slight increase seen in the most recent years for both Fife and Scotland⁵.

Figure 2: Deaths from suicide in young people, aged 11-25, crude rate per 100,000 population five-year rolling average, Fife and Scotland (Source: ScotPHO)



¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/death-21/deaths-time-series-21-dt.8.xlsx> (Table - Fife)

² https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths in children aged 1-15 years)

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-6.xlsx> (Table 6.15)

⁴ [Vital Events - General Background Information | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁵ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths from suicide in young people, aged 11-25 years)

AUDIT & RISK COMMITTEE
(Meeting on 23 June 2023)

No issues were raised for escalation to the Board.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON FRIDAY 23 JUNE 2023 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Cllr David Graham, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Member (*part*)

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Tony Gaskin, Chief Internal Auditor (*part*)
Alistair Graham, Associate Director of Digital & Information
Barry Hudson, Regional Audit Manager
Karen Jones, Director of Audit & Assurance, Azets
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member Aileen Lawrie (Non-Executive Member) and attendee Pauline Cumming (Risk Manager).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 15 March 2023

The minute of the last meeting was **agreed** as an accurate record.

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates and the closed items on the Action List.

5. MATTERS ARISING

5.1 Chief Internal Auditor Appointment Process

The Director of Finance & Strategy advised that, following a successful recruitment process, the successful candidate for a Chief Internal Auditor will commence in post on 1 August 2023, in advance of T Gaskin retiring on 31 August 2023.

The Committee took **assurance** from the update.

6. ANNUAL ACCOUNTS

6.1 Final Audit & Risk Committee Annual Assurance Statement 2022/23

The Board Secretary advised that the Audit & Risk Committee Annual Assurance Statement was circulated to members in May 2023 for comments, and subsequently, no comments were submitted. The Assurance Statement has been issued to both sets of auditors, as part of the year end process.

The Committee **approved** the final Audit & Risk Committee Annual Statement of Assurance 2022/23, for onward submission to the Board.

6.2 Committee & Directors' Annual Assurances for 2022/23

- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Public Health & Wellbeing Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Executive Directors' Assurance Letters**

The Board Secretary advised that the Executive Directors' Assurance Letters are a new addition to the Committee & Directors' Annual Assurances pack, and form part of the Chief Executive's Accountable Officer year-end review process, to provide assurance that the delegated powers to the other Executive Directors are operating effectively and to help inform the content of the Governance Statement.

It was reported that the Committee Annual Assurance Statements appropriately reflect the work carried out throughout the year by each of the Board's Standing Committees and these provide a sufficient level of detail on which members could take assurance on. The Chief Internal Auditor confirmed this, following internal audit's review of the documentation, for Committee members.

The Committee took **assurance** from the Committee & Directors' Annual Assurances for 2022/23.

6.3 Letter from Audit & Assurance Committee Chair - Fife Integration Joint Board

The Director of Finance & Strategy advised that, in previous years, a Statement of Assurance was provided from the Integration Joint Board (IJB) to the Health Board, due to the NHS having a later timeline than this year for completion of the Annual Accounts process. The letter provided is an interim measure, pending the finalisation of the IJB's annual audit report, and it was advised that there are no major control weaknesses expected within that report. It was noted that the process will be firmed up for the following year. The Chief Internal Auditor stated that there are no concerns within the contents of the letter from an internal auditor's perspective and that Internal Audit's report on the IJB will be available in full for the Committee's next meeting, after it has progressed through the IJB's own governance structure.

The Committee took **assurance** from the letter from the IJB Audit & Assurance Committee Chair.

6.4 Internal Audit Annual Report 2022/23

The Chief Internal Auditor discussed the main points and themes in the report, noting the overall positive assessment of NHS Fife against the backdrop of another challenging year of high demand and activity

The Chief Internal Auditor highlighted Internal Audit's opinions from the report that:

- The Board has adequate and effective internal controls in place; and
- The 2022/23 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards.

A Haston, Non-Executive Member, highlighted the risk to deliver within our financial constraints, particularly due to the changing external environment. It was noted that this is a national issue and the Chief Internal Auditor requested that this is closely monitored.

The Director of Finance & Strategy explained the recent changes to the financial position, noting that NHS Fife Board will be provided with a detailed update at their meeting on 27 June 2023. It was reported that the impact of the recent funding allocation will be discussed, and assessed, through the Executive Directors' Group, the Governance Committees and then the Board.

The Committee **approved** this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

6.5 Service Auditor Reports on Third Party Services

The Head of Financial Services & Procurement spoke to the paper and confirmed that all three reports (NSS Practitioner and Counter Fraud Services, NSS IT Services and NHS Ayrshire & Arran Financial Ledger Services) had come back as unqualified this year.

It was highlighted that an exception was noted during the assessment with regards to the annual disaster recovery process not being tested, as per the documented control for NHS Ayrshire & Arran – National Single Instance Financial Ledger Services.

The Head of Financial Services and Procurement confirmed that the Third Party Service Audit Reports were now all received and had been shared with Azets as part of the Annual Accounts process.

The Committee took **assurance** from the audit opinions and the associated management responses for the services hosted by NHS National Services Scotland (NSS) and by NHS Ayrshire & Arran on behalf of NHS Fife.

6.6 External Annual Audit Report (including ISA 260) 2022/23

C Brown, Head of Public Sector Audit (UK) at Azets, presented the draft report and highlighted the key messages, noting that, since the report was issued, the outstanding matters have now been completed and an unqualified audit opinion has been issued. It was noted a sole adjustment was made in respect of the inclusion of the valuation of the Orthopaedics National Treatment Centre performed at the year end. Confirmation was provided that a final report will be issued in advance of the June 2023 Board meeting to confirm that all outstanding matters had now been completed.

C Brown reported that the Board's accounting systems, governance arrangements, financial management arrangements, performance & risk management arrangements and forecasting arrangements are all strong, with no significant weaknesses. The significant risk areas within the report were highlighted and the Chief Executive confirmed that a robust approach will continue for risk management, whilst acknowledging the extent of operating above our risk appetite and giving consideration to the risk tolerance level.

K Jones, Director of Audit & Assurance at Azets, thanked the Director of Finance & Strategy, the Head of Financial Services & Procurement, and team for all their assistance during the audit process.

M McGurk thanked C Brown, K Jones and Finance team for all their hard work in completing their first audit with NHS Fife.

The Committee took **assurance** from the report.

6.7 NHS Fife Independent Auditor's Report - Including Draft Letter of Representation

C Brown, Azets, provided a verbal update on the report and advised that the audit certificate, which is included within the accounts, will be signed off by C Brown and the Chief Executive, and that it is a fully unqualified opinion. It was advised that the Letter of Representation from NHS Fife to the Auditors confirms all relevant information has been submitted. The report and letter will go to the June 2023 Board meeting for formal approval.

The Committee took **assurance** from the verbal update.

6.8 Governance Statement and NHS Fife Annual Accounts for the Year Ended 31 March 2023

The Director of Finance & Strategy introduced the Annual Accounts for the Year Ended 31 March 2023.

It was reported that one of the key purposes of the Annual Accounts is to confirm the financial performance of the organisation. The importance of how resources are spent were highlighted, and it was advised that specific areas of resource allocation have been drawn out within the document. The Director of Finance highlighted a number of significant achievements during the year despite the continued financial pressures and the volatile economic environment that the Board operated under. The new Orthopaedic National Treatment Centre, which was fully commissioned in March 2023 was highlighted along with the service expansion at Queen Margaret Hospital, both of these projects are expected to significantly enhance the capacity and services provided in 2023/24. The Director of Finance & Strategy also highlighted the organisation's focus on staff health & wellbeing, including the investment from the Fife Health Charity for the creation of the staff wellbeing hubs that have been implemented across a number of sites, and all positively received by staff.

Governance Statement

The Chief Executive advised that the Governance Statement is a key document within the Annual Accounts, and she provided an overview on the purpose of the statement.

The key points from the Governance Statement were outlined, including the work undertaken by the Board on active governance, which included reviewing the focus of the Integrated Performance & Quality Report and linking this to the risk management profile. Also outlined were the operationally managed risks around the creation of the Operational Pressures Escalation Levels (OPEL) Framework, which fully supports good governance at operational level. The Population Health & Wellbeing Strategy approved during the year was highlighted, and it was noted that NHS Fife now has a clear framework which sets out the priorities and ambitions going forward.

The Committee **considered** the governance statement and took **assurance** from the content on the internal control environment within NHS Fife over the course of the past year.

Annual Accounts

The Head of Financial Services & Procurement took the Committee through a number of the key financial performance aspects of the financial statements, including the core and non-core revenue and capital resource limits, as well as the cash resource limit which were all met in 2022/23. Key figures from the remuneration report, as well as aspects of the Statement of Financial Position at the Year End including the consolidation of the Boards share of the Integration Joint Board's reserves were highlighted to the committee.

The Chief Executive highlighted an error on page 26 of the Annual Accounts document, under the 'Population Health & Wellbeing Strategy Development' section, second line, first paragraph, to remove the word 'and' to read correctly: *In April 2021, the NHS Fife Board agreed to the development of a new organisational strategy, focused on reducing health inequalities, delivering excellence in clinical care and improving population health*

and wellbeing for the people of Fife. It was agreed this will be amended for the signed version of the Annual Accounts.

Action: Director of Finance & Strategy

The Head of Financial Services & Procurement highlighted that the Annual Accounts and subsequent audit process for 2022/23 concluded successfully, significantly earlier than in 2021/22 as per the requirement of the Scottish Government, which was testament to the robust planning process and the significant endeavours across the Finance Team.

The Audit & Risk Committee:

- **Reviewed** the draft Annual Accounts for the year ended 31 March 2023.
- **Recommended** to the Board that they adopt the Annual Accounts for the year ended 31 March 2023.
- **Recommended** to the Board to authorise the designated signatories (Chief Executive and Director of Finance & Strategy) to sign the Accounts on behalf of the Board.
- **Approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate.
- **Noted** that the accounts are not in the public domain until they are laid before Parliament.

6.9 Annual Assurance Statement to the NHS Fife Board 2022/23

The Board Secretary explained the purpose of the Annual Assurance Statement to the NHS Board 2022/23.

The Audit & Risk Committee **approved** the Chair's signed approval of the Committee's final version of the Committee Assurance Statement to the Board.

6.10 Patients' Private Funds – Receipts and Payments Accounts 2022/23 & Audit Report

In light of the Statutory Auditor, Thomson Cooper being unable to attend, the Head of Financial Services & Procurement advised that he met with the Audit Partner of Thomson Cooper, along with the Director of Finance & Strategy, on 16 June 2023. An overview was provided on the questions submitted from members, prior to the meeting. It was noted that there had been an increase in the number of patient private funds accounts during 2022/23, despite the reduction in the overall value of the funds, it was referenced that the funds are predominantly held by a few individuals. An overview was also provided on the findings at Stratheden Hospital, with it being noted that additional measures have been put in place to address the risks associated with the vulnerable aspects of these patients. In addition, it was confirmed that Internal Audit have carried out an assignment on the Financial Operating Procedures relating to the Patients Funds, and that the subsequent actions will be concluded in Autumn 2023.

It was reported that there were a number of minor matters identified during the assignment and Thomson Cooper were content with the management responses provided to resolve these.

The Director of Finance & Strategy emphasised the importance of the Patients' Private Funds Accounts, which provides security for patients over funds held on their behalf.

The Audit & Risk Committee:

- Took **assurance** from the Independent Auditor Report on the Patients' Private Funds Accounts and Audit completion memorandum
- **Recommended** that the Patients' Private Funds Accounts be approved by the NHS Board and that the attached letter of Representation be signed by the authorised signatories and provided to the Auditors.

7. INTERNAL AUDIT

7.1 Internal Audit Annual Plan 2023/24

The Chief Internal Auditor spoke to the plan, advising that it reflects the organisation's risks and has been influenced by the Population Health & Wellbeing Strategy. It was noted that the plan is subject to change, dependant on potential changes to the risk profile and priorities over the coming year.

The Director of Finance & Strategy advised that the Executive Team reviewed and supported the plan.

The Committee **approved** the draft Internal Audit Annual Plan for 2023/24.

8. RISK

8.1 Final Annual Risk Management Report 2022/23

The Director of Finance & Strategy advised that the report is presented in its final version, and that the report confirms that adequate and effective risk management arrangements were in place throughout 2022/23. It was noted that there is an improved position with the risk management arrangements due to delivery against a number of key activities in the risk management improvement programme, including the introduction of a new Corporate Risk Register.

The linkage between the Annual Risk Management Report 2022/23, and the views within the Internal Audit and External Audit Annual Reports, were highlighted.

The Director of Finance & Strategy thanked the Risk Manager, for all her hard work over the course of the year.

The Committee took **assurance** from the content of the report.

8.2 Corporate Risk Register

The Associate Director of Quality & Clinical Governance and Associate Director of Digital & Information joined the meeting for this agenda item.

The Associate Director of Quality & Clinical Governance highlighted the changes to the overall strategic risk profile, the summary statement, and the proposed changes to the risk description, as detailed in the paper. It was noted that discussions are ongoing around the Covid-19 risk being removed from the Corporate Risk Register and becoming business as usual, and a related new risk around future preparedness for any potential future pandemics, is anticipated to be added in replacement.

It was reported that 8 of the 18 Corporate Risks have undergone a deep dive review, with other risks of particular significance commissioned for deep dives by Committees.

The Associate Director of Digital & Information explained that the Risk & Opportunities Group had reviewed the assurance principles, and they recommended the use of a four-level assurance model, which has since been incorporated into the framework.

The Committee took **assurance** from the Corporate Risk Register update.

9. HEALTH BOARD PARTNERSHIP

9.1 National Services Scotland (NSS) Practitioner Services Partnership Agreement April 2023 – March 2028

The Director of Finance & Strategy explained that the paper describes a set of arrangements that NSS puts in place to register and pay primary care contractors on our behalf, which is reviewed every five years, and that the arrangement applies to all NHS Scotland Health Boards. It was reported that there were no significant amendments from the previous version of agreement. It was noted that the Chief Executive is the Accountable Officer for the payments, arrangements, and expenditure.

The Committee took **assurance** from the paper.

10. WORKPLAN

10.1 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

The Director of Finance & Strategy highlighted that the Committee's recommendations on the approval of the Annual Accounts will go to the NHS Fife Board at their June 2023 meeting.

12. ANY OTHER BUSINESS

None.

13. DATE OF NEXT MEETING

Date of Fife NHS Board Meeting to Approve Annual Accounts: **Tuesday 27 June 2023 at 9.30am** in person.

Date of Next Committee Meeting: **Thursday 31 August 2023 at 2pm** via MS Teams.

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 7 July 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 7 JULY 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Chris McKenna, Medical Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Shirley Cowie, Senior Nurse/Excellence in Care Lead (*item 8.3 only*)
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Gillian Malone, Clinical Nurse Manager (*deputising for Norma Beveridge*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Maxine Michie, Deputy Director of Finance (*deputising for Margo McGurk*)
Elizabeth Muir, Clinical Effectiveness Manager
Nicola Robertson, Associate Director of Nursing
Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members Sinead Braiden (Non-Executive Member) and routine attendees Iain MacLeod (Deputy Medical Director, Acute Services Division), Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on 5 May 2023**

The Committee formally **approved** the minutes of the previous meeting.

4. **Matters Arising / Action List**

The Committee **noted** the updates and also the closed items on the Action List.

A Haston, Non-Executive Member, gave a warm thanks to Jane Anderson, Head of Radiology, who had met with her and took time to answer her questions and provide direct assurance around in-patient safety and radiology.

4.1 **Four Pillars of Advanced Practice within Pharmacy**

The Director of Pharmacy & Medicine provided a verbal update and advised that a research manuscript was carried out locally on behalf of the East Region. The manuscript had been circulated to those members who requested a copy, and further updates will be provided, in terms of development, to the Committee.

It was agreed to share by circulation the research manuscript with the full Committee.

Action: Director of Pharmacy & Medicine

5. **ACTIVE OR EMERGING ISSUES**

The Medical Director updated the Committee on the preparation within services in relation to the Junior Doctors strike, which is planned from 12 – 14 July 2023, should it go ahead.

Following a question from C Grieve, Non-Executive Member, the Medical Director advised that if the strike goes ahead, the impact on the number of Junior Doctors involved in the strike, and number of clinics cancelled, will be documented.

6. **GOVERNANCE MATTERS**

6.1 **Annual Statement of Assurance for Clinical Governance Oversight Group**

The Associate Director of Quality & Clinical Governance reported that the Annual Statement of Assurance provides the Committee with assurance that the Clinical Governance Oversight Group has fulfilled its remit during 2022/23. The key areas within the statement were highlighted, and it was noted that timings for discussing issues at the Group will be reviewed, to allow for full and in-depth discussions on specific topics.

It was noted that the vision for the following year is to bring the statement to the May 2024 meeting, which is in line with the reporting of the other Committee & Groups Annual Statements of Assurance.

The Committee took **assurance** from the Annual Statement of Assurance.

6.2 **Annual Internal Audit Report 2022/23**

The Deputy Director of Finance advised that the report was presented and approved by the Audit & Risk Committee at their meeting on 23 June 2023. The report provides outcomes on the 2022/23 internal audit work plan and outlines the Chief Internal Auditor's positive opinion on the Board's internal control framework for 2022/23. Positive progress in a number of areas were outlined. It was noted that the report highlights challenges in terms of deliverable performance targets and financial sustainability, however it also acknowledges the common challenges and issues being faced across all NHS Scotland Health Boards.

The Medical Director noted that the report highlights the improvement programmes, in terms of clinical governance, that have been carried out, and that the report also includes actions that have been addressed from the Internal Control Evaluation Report. Following a question from the Chair, the Board Secretary explained that it is the role of the Audit & Risk Committee to review the ongoing work in relation to any outstanding actions, and that these are captured to completion within the Internal Audit Follow Up process.

The Committee **considered** the narrative within the corporate governance section and took **assurance** from this finalised report.

6.3 Corporate Risks Aligned to Clinical Governance Committee, Including Deep Dive on Quality & Safety

The Medical Director introduced this item and noted that the Deep Dive on Access to Outpatient, Diagnostic and Treatment Services paper, which was presented to the Finance, Performance & Resources Committee, has been included within the papers to provide further assurance, due to the clinical impacts to the delays to treatment which are currently being experienced.

The Associate Director of Quality & Clinical Governance advised that the deep dive on quality & safety was presented to the Clinical Governance Oversight Group and Executive Directors' Group, and comments from both groups have been considered. It was reported that the level of risk assurance has been added to the deep dive, with a reasonable level of assurance for the quality & safety risk. It was highlighted that there are some management actions that require significant work, which are aligned to the implementation of the Clinical Governance Strategic Framework. The Associate Director of Quality & Clinical Governance spoke to the management actions which have a significant level of delivery challenge, as detailed in the paper.

Following a query from C Grieve, Non-Executive Member, it was agreed that the risk scores required to be reviewed given the likelihood of occurrence was scored very high, despite number of completed mitigating actions. The Chair requested that the tool that outlines the detail of the risk ratings be included within the report.

Action: Associate Director of Quality & Clinical Governance

Discussion took place on the deep dive on Access to Outpatient, Diagnostic and Treatment Services that was presented to the Finance, Performance & Resources Committee at their March 2023 meeting. It was highlighted that the risk ratings differ from the Clinical Governance Committee deep dive, and it was explained that this was due to timings, and the format had since been changed. A request was made to add actions relating to keeping patients safe whilst waiting for treatment, on the associated management actions relating to that particular risk.

Action: Associate Director of Quality & Clinical Governance

Assurance was provided that work is underway to support these individuals, and that this is monitored through the Planned Care Programme Board. It was confirmed that the Finance, Performance & Resources deep dive was presented in March 2023, and that some of the information is now out-of-date.

The Committee took **assurance** from the Deep Dive on Quality & Assurance.

6.4 Delivery of Annual Workplan 2023/24

The Associate Director of Quality & Clinical Governance highlighted updates to the workplan since the previous meeting.

The Committee took **assurance** from the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2023/24

The Chief Executive explained that the Annual Delivery Plan addresses specific expectations and priorities of the Scottish Government. It was reported that templates have been adapted to suit NHS Fife's requirements and mapped to the new organisational strategy and our four strategic priorities. It was noted the plan is high level and does not encompass all the actions and work that will be undertaken throughout the organisation. The Annual Delivery Plan will be utilised for performance monitoring.

The Chief Executive advised that following submission of the plan to the Scottish Government at the beginning of June 2023, and following feedback, no further iterations of the plan are required to be submitted, however clarity has been requested around some of the detailed templates.

The Chair questioned where the impact assessment for capacity and delivery would sit. It was advised that this would sit under the planned care template, however it was noted that trajectories and projections have been carried out for 2023/24 and the position is unlikely to improve due to the demand on services and the capacity available. It was noted that the Scottish Government have requested an additional plan in terms of accessing further financial resource to support demand and capacity, and that this would be discussed in due course through the Finance, Performance & Resources Committee.

The Committee **endorsed** the draft Annual Delivery Plan 2023/24 and **recommended** approval from the NHS Fife Board.

7.2 Clinical Governance Strategic Framework Delivery Plan 2023-24

The Associate Director of Quality & Clinical Governance provided background detail and welcomed comments or additions to be included within the plan. It was agreed to add to the plan that any emerging issues would come to the Committee by exception, in addition to the regular reporting schedule.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the Clinical Governance Strategic Delivery Plan 2023-24.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report

The Director of Nursing advised that discussions have been taking place on enhancing the narrative within the IPQR, particularly in relation to in-patient falls, pressure ulcers and complaints, and that this will be reflected in the next iteration of the IPQR. The Chair thanked all involved.

It was reported the number of in-patient falls continues to fluctuate and is below target, however, there had been some improvement within the Health & Social Care Partnership. It was noted that the majority of in-patient falls over the last quarter resulted in either no harm or minor harm, and the major or extreme falls were less than 3% of total in-patient falls. It was highlighted that NHS Fife is one of the better performing Health Boards in Scotland.

An update was provided on pressure ulcers, and it was reported that significant work has been undertaken. An overview on the work carried out by the Tissue Viability Team was provided. It was advised that the rate of pressure ulcers reduced in April 2023 for the third successive month. Following a question from the Chair, it was confirmed that learning has been shared from the Health & Social Care Partnership across to the Acute Services and other areas of the Partnership. It was also noted that the quality improvement work carried out within the Partnership has been beneficial and an update will be provided at the next meeting.

Action: Director of Nursing/Medical Director

The Director of Nursing also provided an overview on SAB, C Diff and E Coli Bacteraemia, as detailed in the report. An update on complaints was provided at agenda item 10.1. A Haston, Non-Executive Member, queried the increase in C Diff and was advised that work is ongoing with the Infection Control Doctors and Teams to identify the risk. She also questioned the learnings from the potential cross transmission to avoid future occurrences and was advised that the Infection Control Team are carrying out a review, and to date, nothing specific has been identified.

The Committee took **assurance** and **examined** and **considered** the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing highlighted that NHS Fife achieved a green status for the Cleaning and the Healthcare Environment compliance.

The Director of Nursing also highlighted the Healthcare Improvement Scotland (HIS) unannounced Infection Prevention and Control Inspections of Mental Health Units at Queen Margaret Hospital and Whyteman's Brae Hospital. Further detail was provided under agenda item 8.4.

It was reported that hand hygiene audit work is ongoing, and the issues with electronic recording was explained. The timescales for a new electronic system being implemented and the back up in the interim was questioned. In response, the Director of Nursing explained that solutions are being explored between the Infection Control Team and the Digital & Information Team, and an update will be provided at the next Committee meeting.

Action: Director of Nursing

Following questions from the Chair, it was advised that there are no concerns around surgical site programmes locally, and that no guidance has been received from the Scottish Government on when the programmes will restart. It was also reported that there are no concerns around Clostridioides Difficile Infection (CDI).

The Committee welcomed a deep dive on specific items within the report.

Action: Director of Nursing

The Committee took **assurance** from the report.

8.3 Excellence in Care Presentation

The Director of Nursing introduced this item and welcomed S Cowie, Senior Nurse/Excellence in Care Lead, to the meeting. A presentation on Excellence in Care was provided to the Committee.

Following a query from A Haston, Non-Executive Member, it was confirmed that Excellence in Care is a national care assurance programme, and it was advised that it is anticipated that all Health Boards will have to submit a report. It was noted that NHS Fife has submitted its first report to the Scottish Government.

It was agreed to hold a future Committee Development Session on Excellence in Care. Progress reports would also be submitted to the Committee as part of the regular cycle of business.

Action: Director of Nursing/Board Committee Support Officer

The Chair thanked S Cowie for an informative presentation.

The Committee took **assurance** from the report and the presentation.

8.4 Infection Control Inspection by Health Improvement Scotland Report

The Director of Nursing reported that there was an unannounced Healthcare Improvement Scotland (HIS) Infection Prevention and Control Inspection of Mental Health Services at Queen Margaret Hospital and Whyteman's Brae Hospital. The areas inspected, areas of good practice, requirements and recommendations were outlined, and it was noted that an action plan to address the requirements has been developed. Following a question, it was explained that the minimum bed space requirements are being met and that they vary between new and old buildings.

A Haston, Non-Executive Member, queried the link to a representative of patient public involvement being involved in the production of the improvement action plan. The Director of Nursing agreed to provide a response outwith the meeting.

Action: Director of Nursing

Assurance was provided that the backlog of minor repairs is being addressed.

C Grieve, Non-Executive Member, commented that the inspection is timely in terms of the development of the Board's Mental Health Strategy.

The Committee **noted** the very positive feedback around areas of good practice.

The Committee took **assurance** from the report that actions have been taken to address the requirements and recommendations from the Inspection.

8.5 NHS Response to Fatal Accident Inquiry (Linda Allan) & Recommendations

The Medical Director outlined to the Committee the Fatal Accident Inquiry (FAI) and NHS Fife's response to the recommendations. It was advised that the action plan will sit with the Acute Services Clinical Governance Committee for reporting and review, for completion. C Grieve, Non-Executive Member, requested clarity on the target dates in the action plan, noting that some dates had passed. It was advised that this was due to timings of the paper coming to Committee, and that the plan will have since been updated.

Following a question from K MacDonald, Non-Executive Member, around learning and disseminating back to teams, it was advised that the Organisational Learning Group is being rejuvenated, and that the action plan from this FAI is on the agenda to take forward. It was noted that there is an opportunity to take learning and share across the organisation. The Director of Pharmacy & Medicines added that learning in terms of medicines is shared across teams on a regular basis.

The Chair questioned what will be put in place to ensure the improvements are sustained, including compliance. The Medical Director highlighted the challenges and plans to take forward.

The Committee took **assurance** that the Fatal Accident Inquiry for Ms Linda Allan has been appropriately responded to and that organisational learning has taken place.

9. DIGITAL / INFORMATION

9.1 Digital and Information Strategy 2019-24 Update

The Associate Director of Digital & Information reported that the Digital Strategy has been refreshed, and a review of the deliverables is being undertaken with a focus on optimising the outpatient capacity. It was noted that the Digital Strategy is aligned to the priorities within the Population Health & Wellbeing Strategy.

An overview on the Digital Strategy Ambitions was provided.

Following questions from A Haston, Non-Executive Member, it was advised that governance groups are looking to formalise our approach to accelerate an adoption of the electronic health record, supported by electronic patient records. It was also advised a strategic review of progress will be carried out, which will support identifying areas for change or carrying forward.

The Chair highlighted that within the Internal Audit Report there is a recommendation that the Committee need to be made aware of elements of the Digital Strategy that will not meet the 2024 deadline. It was agreed that the High Level Delivery Plan will be streamlined to become a one-page document highlighting what will be delivered, or not delivered, and will include deadline dates and risks. The document will be brought back to the next Committee meeting.

Action: Associate Director of Digital & Information

The Committee took **assurance** of suitable progress for the Digital and Information Strategy 2019-2024.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report

The Director of Nursing advised that there were 42 stage 2 complaints received in April 2023, and 23 stage 2 complaints were closed, which is a more positive rate of performance. It was noted that work addressing the backlog of complaints continues.

The level of detail for stage 2 complaints, which clarifies where each complaint is in the process, was highlighted and an overview provided. An overview on the key points from the report was provided. It was noted that new processes that are being put in place will help sustain improved performance.

Following questions from C Grieve, Non-Executive Member, regarding the process for improvement and addressing the backlog, the Director of Nursing advised that there had been challenges for senior staff to write statements due to their busy work schedules, and that a Patient Experience Officer is now in place to support. The Associate Director of Nursing added that the MSForms questionnaire returns were very comprehensive in terms of reasons for delays in responding to complaints, and it was advised a report on the outcomes is being drafted.

The Director of Nursing advised that the complaints improvement plan is being updated and will be replaced within the report. It was reported that a milestone plan is being explored for the long delay complaints.

The Chief Executive acknowledged the challenges and difficulties for senior staff in responding to complaints and noted that there is priority to deliver care to patients. She also acknowledged that the position for responding to complaints is currently not at an acceptable level and work is ongoing through improvement plans.

The Chair questioned if there would be an opportunity to change the 20 day standard response time, through discussions nationally, due to the challenges and complexities of meeting this target faced across all health boards. It was noted that the complexity of complaint responses often means a 20 day response time is not realistic in order to support robust investigation of the issues. The Director of Nursing advised that the 20 day response time is set for all public services by the Scottish Public Service Ombudsman (SPSO) and is unlikely to be changed.

The Committee took **assurance** from the report.

11. ANNUAL REPORTS

11.1 Clinical Advisory Panel Annual Report

The Medical Director advised that the report is presented to the Committee on a yearly basis to provide assurance on the activities of the Clinical Advisory Panel and to assure the Committee that a reasonable and well governed process is in place. Assurance is also provided, to ensure that patients requiring treatment outwith the options available from NHS Fife and Service Level Agreements (SLAs) from surrounding Health Boards, receive equity in access to treatments.

Following a question from A Haston, Non-Executive Member, the Medical Director advised that there is an appeal process in place, which sits outwith the Clinical Advisory Panel, for any cases that are declined. The Medical Director agreed to add detail on the appeal process to the report.

Action: Medical Director

It was advised that the report is only presented to the Clinical Governance Committee, however, any financial issues or pressure that may arise would be included within reports that go to the Finance, Performance & Resources Committee.

Following a question from the Chair, the Medical Director explained that opportunities to deliver services more locally, rather than externally, are discussed at the Clinical Advisory Panel.

The Committee took **assurance** from the report.

11.2 Director of Public Health Annual Report

The Director of Public Health noted that the report is a text only version presented to the Committee (images will be added before publication), and she explained the change of approach to the report, noting that there is a single topic approach on child health for the 2023 report, which is an emerging national priority.

The Director of Public Health highlighted the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC), which will support decision making for our services.

A Haston, Non-Executive Member, highlighted the maternal smoking rates and queried the work that is being undertaken for improving the rates. In response, it was advised that the Smoking Cessation Team are aware of the high rates and are taking improvement work forward. It was advised that different approaches have been trialled to reduce the barriers for patients. The disruption to the service due to the pandemic was highlighted. The Director of Health & Social Care advised that a report went to the Public Health & Wellbeing Committee around the work that is underway for the Smoking Cessation Service in terms of smoking cessation, prevention, and protection. It was noted discussions are ongoing in relation to the Prevention and Early Intervention Strategy and an overview was provided on some of the preventative work and opportunities for the promotion of health & wellbeing.

A Haston, Non-Executive Member, requested more detail on the examples of good practice for perinatal mental health. The Director of Public Health agreed to respond to A Haston outwith the meeting.

Action: Director of Public Health

Following a question from A Haston, Non-Executive Member, regarding the results of the Fife Children & Young People Health & Wellbeing Survey, it was advised that once the report is published, a hyperlink will be added directing the reader to the results.

It was reported that quality evidence around areas of inequality has been shared with the Chair of the Fife Health Charity Board of Trustees.

It was advised that the report will be shared with the NHS Fife Board and discussed further at a forthcoming Development Session.

The Committee **discussed**, **examined** and **considered** the Director of Public Health Annual Report for 2023.

11.3 Fife Child Protection Annual Report

The Director of Nursing advised that the report was also presented to the Public Health & Wellbeing Committee at their July 2023 meeting.

The Director of Nursing spoke to the report and highlighted the key points, including the challenges and successes.

An explanation was provided on accessing the child protection advice line out of hours.

The Director of Nursing and Director of Health & Social Care thanked Lindsay Douglas, Lead Nurse Child Protection, Heather Bett, Senior Manager, and Lisa Cooper, Head of Service, for the in-depth report.

The Committee took **assurance** from the report.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

- 12.1 Area Clinical Forum dated 8 June 2023 (unconfirmed)
- 12.2 Area Medical Committee dated 2 May 2023 (unconfirmed)
- 12.3 Cancer Governance & Strategy Group dated 31 May 2023 (unconfirmed)
- 12.4 Clinical Governance Oversight Group dated 18 April 2023 (confirmed)
- 12.5 Fife Area Drugs & Therapeutic Committee dated 26 April 2023 (unconfirmed)
- 12.6 Health & Safety Subcommittee dated 9 June 2023 (unconfirmed)
- 12.7 Infection Control Committee dated 7 June 2023 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

13.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to the Board.

It was agreed to highlight to the Board the work underway on complaints and IPQR developments.

14. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 8 September 2023 from 10am – 1pm via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 11 July 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 11 JULY 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

Alistair Morris, Non-Executive Director (Chair)

Dr Chris McKenna, Medical Director

Cllr David Graham, Non-Executive Director

John Kemp, Non-Executive Director

Janette Keenan, Director of Nursing

Joy Tomlinson, Director of Public Health

Carol Potter, Chief Executive

Aileen Lawrie, Area Clinical Forum Representative

In Attendance:

Nicky Connor, Director of Health & Social Care

Ben Hannan, Director of Pharmacy & Medicines

Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Maxine Michie, Deputy Director of Finance

Kevin Reith, Deputy Director of Workforce (*for item 5.2.1 only*)

Pauline Anne Cumming, Risk Manager (*for item 5.2 only*)

Kerrie Donald, Executive Assistant to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from members Wilma Brown (Employee Director), Alastair Grant (Non-Executive Director), Margo McGurk (Director of Finance & Strategy) and attendees Claire Dobson (Director of Acute Services) and Neil McCormick (Director of Property & Asset Management).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 9 May 2023

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2022/23

The Deputy Director of Finance presented the report, highlighting it is the final report for 2022/23, which was approved at the Audit & Risk Committee on 23 June 2023. The report references several challenges the Board faces in relation to deliverability of national performance targets. However, it also acknowledges that these challenges are faced across all NHS Scotland Boards.

The Chair highlighted that the report shows effective performance and a positive direction of travel for NHS Fife.

The Committee took **assurance** from the report.

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Risk Manager joined the meeting and presented the paper, highlighting that no additional risks or changes to the scoring of the corporate risks have been made. However, it was highlighted that the levels of assurance have been refined to indicate either substantial, reasonable, limited or no assurance.

Following a query by the Chair regarding risk 7, the Chief Executive noted NHS Fife has been very overt and specific with Scottish Government regarding the current financial position and continues to plan activity based on the current workforce. However, she confirmed the gap remains as part of the overall financial pressure for 2023/24.

J Kemp, Non-Executive Director, queried if there was evidence available to highlight what resources and staffing would be required to reduce the diagnostic waiting times. Following discussion with members, it was agreed a planned care programme report should be brought to the September committee meeting encompassing the risk register, IPQR and ADP, to give members assurance on the actions underway to mitigate risk, whilst also highlighting what money, equipment and staffing would be needed to reduce the diagnostic waiting times.

Action: Director of Acute Services / Medical Director

The Committee took **assurance** from the report.

5.2.1 Deep Dive – Bank & Agency Work

The Deputy Director of Workforce joined the meeting and presented the bank and agency deep dive paper, providing therein an update on the work of the Bank and Agency Programme Board.

Following a query from J Kemp, Non-Executive Director, the Deputy Director of Workforce confirmed savings from changes with bank and agency spend would be noticeable within quarter 2 and 3 of the 2023/24 financial year. The Deputy Director of Finance highlighted there has been a significant decrease in the volume of invoices received from agency staffing and highlighted that although NHS Fife are moving to framework agencies, saving

will still be made due to the difference in hourly and commission rates charged, which will be evident within quarter 2 of the financial year. The Deputy Director of Finance further noted funding has been secured to recruit a further 17 international recruits, noting however the process can take between 4-6 months for recruiting internationally.

The Director of Pharmacy & Medicines highlighted that the changes to bank and agency staffing is a multi-phased approach, with each stage being underpinned with appropriate financial release. After discussion, it was agreed a paper would be brought to a future committee meeting outlining each phase, with financial insight, to give assurance to committee members.

**Action: Director of Pharmacy & Medicine / Director of Acute Services /
Director of Finance & Strategy / Director of Workforce**

The Committee took **assurance** from the deep dive.

5.3 Delivery of Annual Workplan 2023/24

The Head of Corporate Governance & Board Secretary presented the workplan, highlighting that, due to annual leave, the Labs Managed Service Contract Performance Report and Potential PFI Re-Financing for VHK Phase 3 Report has been deferred to the September committee meeting.

The Committee noted the deferred items and took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Chief Executive presented the paper, highlighting that the Annual Delivery Plan maps NHS Fife's corporate objectives into the priorities set by Scottish Government. Following its submission, the Committee were pleased to note the positive feedback on the Annual Delivery Plan received from Scottish Government.

The Chair praised the paper, noting the Annual Delivery Plan is very clear with appropriate drive and ambition behind it.

The Committee **endorsed** the report.

6.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance advised the paper presented to the committee provides an update from the May 2023 meeting. The Financial Improvement and Sustainability Board (FIS) has since met at the end of June 2023 and a verbal update could be provided on its deliberations. The Deputy Director of Finance noted that, at the end of May 2023, the £15m savings target were target for being met, however additional cost improvement plans were identified at the June 2023 FIS Board meeting. The Medicines Optimisation Board are firming up plans to deliver £1m of savings over the coming months and the Acute Service Division have identified £1.5m of savings including Covid legacy costs, with a potential further £0.5m currently being scoped.

The Deputy Director of Finance further highlighted that work continues with the re-financing of PFI contracts, however conclusions will not be known until later in the calendar year. Work is ongoing to review corporate overheads, specifically assessing areas going paperlite, to ensure digital solutions are optimised as significant savings can be made in areas with a reduced dependency on paper.

The Chair thanked the Deputy Director of Finance for the verbal update, noting the position at June 2023 is more positive and recognises the significant effort being put in from the teams to create recurring and sustainable savings.

The Committee took **assurance** from the report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, highlighting the percentage of bed days lost to 'standard' delays has achieved target for the third month in a row. Care Home Coordinators have been introduced as a new initiative to support the timely transfer of individuals through the pathway from hospital to the care setting.

The Chief Executive provided an overview of the report, highlighting 4-hour emergency access remains difficult. However, the main performance trajectories show an overall improvement across all sites, including minor injuries. Challenges remain with inpatient day cases, noting long waits continue within Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. However, it was noted the new day surgery treatment room at Queen Margaret Hospital will open in August 2023, thereby creating additional capacity due to releasing a theatre for use.

The Chair advised that the phrase *"It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding available and continued pressures in unscheduled care, staff absence and vacancies"* could be strengthened in future reports to recognise that in achieving the target trajectory agreed with Scottish Government as part of the ADP, that NHS Fife requires to determine options to manage the additional £1.8m cost pressure arising.

The Committee took **assurance** from the report.

7.2 Financial Performance and Sustainability Report

The Deputy Director of Finance presented the report, highlighting that the paper reflects the financial position as of May 2023 and the data included within is prior to the notification of the additional £8.3m NRAC funding received in June 2023.

Following a statement made from the Chair regarding the use of NRAC money being maximised in areas to show improvements, the Chief Executive highlighted that as NRAC funding is received as a consequence of the change in demographics of the population, statistics have shown in a number of years the population of over 65s will increase by 35% and will directly impact on the demographic presentation of patients coming into the emergency department.

The Chief Executive advised that the NRAC money will be targeted in a planned way at areas that can clearly demonstrate how financial investment can bring a positive impact to patients and performance, and proposals will in future be presented to committees for discussion and endorsement.

The Committee took **assurance** from the report.

8. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

- 8.1 Fife Capital Investment Group held on 19 April 2023 (confirmed) & 26 May 2023 (unconfirmed)
- 8.2 Procurement Governance Board held on 28 April 2023 (unconfirmed)
- 8.3 IJB Finance, Performance & Scrutiny Committee held on 17 March 2023 (confirmed)
- 8.4 Primary Medical Services Committee held on 6 June 2023 (unconfirmed)
- 8.5 Pharmacy Practice Committee held on 31 May 2023 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 12 September 2023 at 9:30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 3 July 2023)

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 3 JULY 2023 AT 10AM VIA MS TEAMS**

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Chris McKenna, Medical Director
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Christopher Conroy, Programme Director (*item 8.4 only*)
Lisa Cooper, Head of Primary & Preventative Care Services (*item 6.3 & 6.4 only*)
Esther Curnock, Consultant in Public Health Medicine (*item 8.4 only*)
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Tom McCarthy, Portfolio Manager (*observing item 5.2 only*)
Maxine Michie, Deputy Director of Finance (*deputising for Margo McGurk*)
Fay Richmond, Executive Officer to the Chair & Chief Executive
Lorna Watson, Consultant in Public Health Medicine (*item 8.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members Wilma Brown (Employee Director) and Margo McGurk (Director of Finance & Strategy), and attendee Susan Fraser (Associate Director of Planning & Performance).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 15 May 2023

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2022/23

The Deputy Director of Finance advised that the report was presented and approved by the Audit & Risk Committee at their meeting on 23 June 2023. The report provides outcomes on the 2022/23 internal audit work plan and outlines the Chief Internal Auditor's positive opinion on the Board's internal control framework for 2022/23. Positive progress in a number of areas were outlined. It was noted that the report highlights challenges in terms of deliverable performance targets and financial sustainability, however it also acknowledges the common challenges and issues being faced across all NHS Scotland Health Boards.

A Wood, Non-Executive Member, questioned next steps and the process to formally allocate the recommendations to the various Governance Committees. In response, the Chief Executive explained that the recommendations are aligned to individual Directors and the ownership for assurance of taking forward the recommendations sit with the Audit & Risk Committee, who also have overall responsibility for ensuring completion of audit follow-up actions.

The Committee **considered** the narrative within the corporate governance section and took **assurance** from this finalised report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health provided an overview on the overarching corporate risks aligned to the Public Health & Wellbeing Committee, noting that there has been positive progress. A change was highlighted in relation to the risk description for Primary Care Services, which reflects discussions at the last Committee meeting.

An update was provided on the work carried out by the Risk & Opportunities Group to further develop the assurance levels for corporate risks and to also define those levels.

The Director of Public Health highlighted the schedule of risks to come to the Committee, noting that triannual updates on the deep dive risks would be presented.

Members commented on the summary statement, controls and risk mitigation. They noted that the activities underway to reduce risks and manage within the risk appetite are not captured in the current format of the report. The Chair requested that a description on the actions being taken, to move risks from those that are outwith the risk appetite, is added, or to consider whether the risk level should be moved. He noted that the templates and processes currently in place do not allow for discussions to mitigate and manage those risks. The Director of Public Health advised that the Risk & Opportunities Group are strengthening that process, and she agreed to discuss also strengthening the reporting, outwith the meeting, with the Director of Finance & Strategy and Risk Manager.

Action: Director of Public Health

5.2.1 Deep Dive: Population Health & Wellbeing Strategy

It advised that the Population Health & Wellbeing Strategy was subject to two Board Development Sessions and was ratified at the March 2023 Board meeting.

The Director of Public Health outlined the Population Health & Wellbeing Strategy risk and explained the complexities and challenges around the deep dive. It was noted that the focus of the risk is around the governance, assurance and delivery of the strategy. The root causes were outlined, and it was advised that these were mapped to our four strategic ambitions in Appendix 1. It was also reported that the enabling strategies that underpin the overarching Population Health & Wellbeing Committee are being developed. Areas of significant challenge were highlighted within the report, and these relate to the root causes which have been described.

A Wood, Non-Executive Member, commented that the mitigation actions to provide reasonable assurance within the risk management framework are not being fully captured, and she also suggested to include identifying weakness and developing further mitigation actions to reduce exposure. In response, the Director of Public Health explained that there will be a range of supporting frameworks and strategies that will underpin the delivery, and as they are currently not in place, the assurance provided is limited. It was advised a mapping exercise will be carried out to identify any gaps, and actions will start to progress as the frameworks and strategies are implemented.

Following a question from M Mahmood, Non-Executive Member, the Director of Public Health indicated that there is confidence that the actions that have not started yet, will quickly be on track once they commence. It was advised that an update will be provided at the September 2023 meeting on the timeline for commencement of those actions.

Action: Director of Public Health

The Committee took **limited assurance** from the Deep Dive of this risk, noting that the actions outlined will be taken forward, with a further update provided to the Committee at the September 2023 meeting.

5.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Chief Executive reported that the Annual Delivery Plan 2023/24 was submitted to the Scottish Government at the beginning of June 2023, and following feedback, no further iterations of the plan are required to be submitted, however clarity has been requested around some of the detailed templates. It was reported that templates have been adapted to suit NHS Fife's requirements and mapped to the new organisational strategy and to the corporate objectives. It was noted the plan is high level and does not encompass all the actions and work that will be undertaken throughout the organisation.

Following a query from A Wood, Non-Executive Member, around the public health priorities, it was explained that the Annual Delivery Plan guidance was very specific on what was to be included within the document and was skewed towards specific expectations and priorities of the Scottish Government. It was noted that the sections around health inequalities and Anchor ambitions were both positive new additions to the Annual Delivery Plan.

The Committee **endorsed** the draft Annual Delivery Plan 2023/24 and **recommended** approval from the NHS Fife Board.

6.2 Medium Term Plan 2023-26

The Deputy Director of Finance highlighted that sections of the plan are a work-in-progress, such as planned care and that the modelling data is awaited from the Scottish Government to complete that work. It was advised that the main content within the plan is responding to specific requests around certain areas and responding to the Scottish Government recovery drivers. It was noted that there is an overlap with the Medium Term Plan and Annual Delivery Plan, with a greater focus from the Scottish Government on the Annual Delivery Plan and associated supporting plans.

The Committee discussed and **approved** in principle the content of the Medium Term Plan 2023/26 (recognising aspects remain a work-in-progress).

6.3 Primary Care Strategy 2023-26

The Director of Health & Social Care provided an update and advised that the contents of the strategy had been developed with involvement from all who have responsibilities in relation to primary care. The document outlines work that has been carried out and the challenges ahead. The strategy is aligned to the Premises Strategy and wider Population Health and Wellbeing Strategy. It was advised that there is a clear vision statement, clear strategic aims and three-year delivery plan to take forward actions. It was reported that Key Performance Indicators are actively in development and will be presented to the Primary Care Oversight Group in the first instance. It was also advised that a summarised version of the strategy, to be public facing, and to be shared with the Board, will be developed.

Following questions from members around participation and engagement activity, particularly the plans for supporting people who had experienced exclusion, and the accessibility to General Practices and dentists, it was explained that there is an ambition to ensure that everyone in Fife has access to dental services. Work to identify how many people do not have access to a General Practice, which will include looking at capacity within General Practices, will be carried out. It was noted that identifying geographical distance to services for the population of Fife can be mapped using a heat map.

It was reported that work is ongoing within the inequality teams to identify those that may be excluded from services, identifying areas that will promote accessibility. Accessing more data nationally will be linked into future performance reports and it was advised that the data will support actions to support a positive change in outcomes. It was highlighted that the establishment of a new medical school, through partnership

with St Andrews University, will support development of interventions which will promote better outcomes for patients.

It was advised that the strategy underpins both the Population Health & Wellbeing Strategy and the Health & Social Care Partnership Strategic Plan.

The Committee took **assurance** from the Fife Primary Care Strategy 2023-26 and **recommended** this strategy to NHS Fife Board at the July 2023 Board Meeting. The strategy will also go to the Integration Joint Board in parallel.

6.4 Implementation of the Promise National Strategy

The Director of Health & Social Care reported that the strategy will be delivered across multiple services. An overview on the work being delivered across NHS Fife & the Health & Social Care Partnership (HSCP) was provided, as detailed in the report. The expectations and examples of good practice, contained within the appendices of the report, was highlighted. It was also advised that progress updates will be brought back to the Committee.

A Wood, Non-Executive Member, suggested enhancing the Equality Impact Assessment (EQIA) to include the broader services, and to build in further data and information, including homelessness and children's rights assessment. It was explained that work is underway to include children's & young people's rights as part of all EQIAs across services.

The Chair thanked the Director of Health & Social Care, L Cooper, Head of Primary & Preventative Care Services, and their teams for all their hard work.

The Committee took **assurance** from the update.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Public Health noted that the data for immunisation has not changed since the last report to Committee, due to timings of the reporting.

The Director of Health & Social Care reported that an annual report for smoking cessation has been developed, and an update on the report was provided at agenda item 8.5. It was advised that alignment with Acute Services to improve the uptake for smoking cessation is currently underway. A Wood, Non-Executive Member, queried the targeted work for children & young people that is being undertaken, and if this includes schools and colleges. In response, an overview was provided on the key aspects of this targeted work, with it being noted that this area is included within the Health Promotion Service Annual Report.

In terms of Child & Adolescent Mental Health Services (CAMHS), the challenges with longest waits and access to treatment was explained. It was highlighted that patients are not waiting over 35 weeks for treatment, and those waiting over 18 weeks are being closely monitored. An overview was provided on the additional actions that have been put in place to address both the longest waits and access to treatment.

An update was provided on Psychological Therapies (PT), and it was advised that there had been a slight decline in performance, potentially due to holiday periods. It was reported that a significant amount of work is being carried out in terms of both recruitment and development of PT services, and the challenges were outlined.

The Committee took **assurance**, discussed, examined, and considered the NHS Fife performance as summarised in the IPQR.

8. ANNUAL REPORTS

8.1 Director of Public Health Annual Report 2023

The Director of Public Health noted that the report is a text only version presented to the Committee, and she explained the change of approach to the report, noting that there is a single topic approach on child health for the 2023 report, which is an emerging national priority.

L Watson, Consultant in Public Health Medicine, joined the meeting and gave an overview on the report and the key findings.

A Wood, Non-Executive Member, highlighted the key recommendations and next steps and stated that we need to ensure we can influence in the right places. In response, it was advised that consideration will be given to the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) for decision making both within NHS Fife and our partner organisations, and that this will also influence strategies, policy documents and signposting.

M Mahmood, Non-Executive Member, questioned if there were any early years programmes as part of the early intervention within schools for mental health & wellbeing. It was explained that there are a number of initiatives and programmes in this area, and that services are working closely together. It was agreed to share with the Committee the 'Our Minds Matter' framework.

Action: Director of H&SC

The Chief Executive noted that the Director of Public Health Annual Report and Population Health & Wellbeing Strategy will form the building blocks of our delivery plans.

It was advised that the report will be shared with the NHS Fife Board, and once published will be shared externally as widely as possible.

The Committee **discussed**, **examined** and **considered** the Director of Public Health Annual Report for 2023.

8.2 Fife Child Protection Annual Report 2022/23

The Director of Nursing spoke to the report and highlighted the key points, including the challenges and successes.

Following a question from A Wood, Non-Executive Member, it was advised that the lead agency for child protection is the Local Authority. The Chief Executive added that there is an individual and collective accountability within a number of services.

An explanation was provided on accessing the child protection advice line out of hours.

It was advised that a gap analysis has been carried out for the Public Protection Assurance Framework, and once the self-evaluation toolkit is published, both documents will be brought back to the Committee.

The Committee took **assurance** from the report.

8.3 Health Promotion Service Annual Report 2022/23

The Director of Health & Social Care advised that the report outlines the role of the service, which is carried out in collaboration with multiple agencies, and that it sets out the range of work undertaken and the key drivers. It was advised that there is alignment within the work presented within the report to the Population Health & Wellbeing Strategy, National Public Health priorities, and the Health & Social Care Partnership Strategic Plan.

It was reported that it is expected next year that reporting of this work will be included within the progress of the Prevention and Early Intervention Strategy.

The Chair commended all involved for the report.

The Committee took **assurance** from the report.

8.4 Annual Immunisation Report 2023 & Review of Immunisation Strategic Framework 2021-24

The Director of Public Health introduced this item.

C Conroy, Programme Director, joined the meeting and provided background detail to the paper, advising that the report provides an overview of progress on the key areas of delivery. An overview on the priority areas for the coming year was provided, and the challenges were highlighted.

E Curnock, Consultant in Public Health Medicine, joined the meeting and highlighted the key points on vaccine preventable disease, surveillance rates and vaccination uptake rates, from the report.

It was agreed to hold a future Development Session focussed on immunisation to provide further detail.

Action: Director of Public Health/Board Committee Support Officer

The Committee **noted** the findings of the NHS Annual Report and **noted** progress of the delivery of the Immunisation Strategic Framework and outlined priorities for 2023-2024, for **assurance**.

8.5 Smoking Cessation and Prevention Work Annual Report

The Director of Health & Social Care advised that the report outlines the data, challenges and work that is being taking forward in relation to smoking cessation and prevention. The improvement actions for the coming year were highlighted, and it was noted that these actions are aligned to the Integrated Performance & Quality Report (IPQR). The Director of Health & Social Care highlighted some of the key areas of work being carried out.

The Committee took **assurance** from the report.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

9.1 Public Health Assurance Committee dated 12 April 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

11.1 Committee Development Session

The Committee agreed to extend the Development Session on Tuesday 24 October 2023 and to hold the meeting from 11am – 12.30pm.

Action: Board Committee Support Officer

12. DATE OF NEXT MEETING

Monday 4 September 2023 at 10am via MS Teams.

EAST REGION PROGRAMME BOARD

(Meeting on 26 May 2023)

No issues were raised for escalation to the Board.

Unconfirmed

East Region Programme Board

Date: Friday 26th May 2023

Time: 14.00 - 15.00

Venue: Via Microsoft Teams



MINUTES

Present:	
C Potter (Chair)	Chief Executive, NHS Fife
R Roberts	Chief Executive, NHS Borders
C Campbell	Chief Executive, NHS Lothian
C Briggs	Interim Director of Regional Planning, NHS Lothian
T Gillies	Medical Director, NHS Lothian
C Dobson	Director of Acute Services, NHS Fife
A Carter	HR Director, NHS Borders
W Brown	Employee Director, NHS Fife
M McGurk	Director of Finance, NHS Fife
J Butler	Director of Human Resources & Organisational Development, NHS Lothian
P McLoughlin	Interim Head of Regional Planning, East Region
M Carr	Service Director DATCC, NHS Lothian

In Attendance	
Joy Tomlinson	Regional Health Protection Service
Mike Gray	Regional Laboratory Medicine

Apologies:	
A Bone	Director of Finance, NHS Borders
L McCallum	Medical Director, NHS Borders
C McKenna	Medical Director, NHS Fife
C Marriott	Director of Finance, NHS Lothian
A MacDonald	Executive Nurse Director, NHS Lothian
F Wilson	IJB Chief Officer, East Lothian
C Myers	IJB Chief Officer, NHS Borders
J Smyth	Director of Planning, NHS Borders
N McCloskey-Sellar	SCAN Regional Network Manager, NHS Lothian
G Clinkscale	Director of Acute Services, NHS Borders
S Fraser	Associate Director of Planning, NHS Fife
D Miller	Director of Workforce, NHS Fife

		ACTION
1.	Welcome & Apologies	
	C Potter welcomed everyone to the meeting. Apologies were noted as above.	
2	Minutes of Previous Meeting – 10th February 2023	
	<p>The minutes of the meeting held on 10th February 2023 were approved as an accurate record.</p> <p>Matters Arising</p> <p>Adult Cystic Fibrosis C Briggs advised that this has moved on regarding the cost of drugs within Page 5 of the Business Case.</p> <p>Orthopaedics C Potter noted that this was around the agenda to develop a Regional workstream but that this may have been overtaken by the recent letter from Tracy Slater. It was agreed that this is the case and therefore this agenda item can now be removed.</p> <p>Neonatal C Briggs agreed to follow up with C McKenna.</p> <p>Mental Health Services and Complex Needs R Roberts raised at the last meeting and it was suggested that this could be picked up as part of the review of the wider work programme. This was agreed and should be an agenda item going forward.</p> <p>Regional Haematology P McLoughlin will follow up with C McKenna and L McCallum. T Gillies noted that might be helpful to separate things out as there was a loosely formed, not well defined, strategic intent to explore regional options across haematology, that are different to the more urgent issue that NHS Borders has with no haematology consultants. As all areas are carrying gaps, it would be difficult for NHS Lothian to provide the level of support that NHS Borders is seeking and this is being worked through between the 2 teams. T Gillies also advised that we may be in a position where going out of the region all together to look for mutual aid for haematology.</p> <p>There's an immediate operational pressure for NHS Borders that Lothian is trying to assist with and there's a separate longer term, loosely defined, piece of strategic work that C McKenna had picked up.</p> <p>R Roberts agreed with T Gillies and noted the importance of seeing those as linked but two different aspects of the work. It was noted that there is now a desperate need for mutual aid as service cannot run a DJH without haematological input.</p>	C Briggs
3	CAMHS Improvement – Regional Programme Management Resource / Commissioned Proposals to Outline Intended Delivery The Regional Aspects of the CAMHS Service Specification	

P McLoughlin advised that the paper circulated is to raise awareness and for discussion at this stage. The paper outlines the Scottish Government Mental Health Directorates approach to commissioning Boards in the region to develop and take forward improvement work to support delivery of the wider CAMHS service specification. It has been indicated that the region should expect to get a minimum of £167,000 from this year to support a dedicated regional program team who will in turn support this work across the three boards. It was noted that there has been a gap in communication and hiatus in in in Scottish Government causing a long delay over the last year and further letters have been awaited, which have come out in the last week, from Gavin Gray. These are commissioning (the SG term used) Boards to develop skeleton business cases in five areas, by the end of June. It was noted that this timeframe is not realistic. The five areas outlined are care treatment at home and urgent out of hours care, learning disability and forensic CAMHS, acute care and IPCU development.

It has been requested to compile skeleton business cases on these broad areas as well as giving an indication of what we think our service models are; a gap analysis; and governance arrangements. Once approved, the programme would be taken forward over the next 2 - 3 years, as consideration is given to taking forward an improvement program. Outline costs have also been requested for this project right now, which is a major challenge given the timescale being described.

There is a regional CAMHS group in place and P McLoughlin has met with them. This group appears to be more of a clinical network, but with a lot of stakeholder involvement, as well as some managers from the individual Boards around table. Consideration needs to be given to the membership of that group as we go forward to guide this project. The next regional CAMHS group is scheduled for 2nd June.

The risk around funding is also noted within the paper. Whilst we're being asked to do this work an allocation letter has not yet been provided and therefore we're working on a promise of funding for the regional team. It appears that the Mental Health Directorate approach is to try and get the regional business cases to allow them in turn, within the directorates in Scottish Government, to secure their own budget.

P McLoughlin has a pre meeting scheduled next week with some of the managers from the region to hold discussion around how best to tackle and respond to this.

P McLoughlin advised that at this stage to note the work to be done and the ask of us as well as the need to, as we go forward, build a dedicated improvement team in the correct part of the system to support, what looks like it will shape up to be, a minimum 2 year program of work.

C Briggs advised that himself, Jim Cannon in the north, and Neil Ferguson, in the West, have highlighted the need for clarity on funding directly with the Scottish Government. It is also important that we bear in mind that we, despite what the implication of some of this might be, need to remember that most children's CAMHS emergency is going to be seen in an in ED, or equivalent, settled down and then a plan put in place, which is for education and councils Children's Services to then provide the emergency support. There are aspects of this that can be provided centrally or locally, but it's more around building a network that is clear about where particular input need to come from and where we're strengthening local elements.

C Potter noted uncertainty around where a local service and a regional pathway begin and end in all of this. T Gillies noted confusion around what the problem is that we are trying to fix with the improvement team, an undefined problem. Regionally, we need to challenge ourselves to clarify where we think we have an opportunity to work together and there's added value from working together, where are the places where we've got individual boards that are struggling and where there's a learning opportunity there, but that's not quite the same as a planning and regional working opportunity. This should be the regional approach, otherwise we're going to use a lot of valuable clinical time in a space where we don't know what we're trying to do, so will never know if we've achieved it.

R Roberts noted that the starting point is that, notwithstanding T Gillies comments, there are issues with CAMHS services that do need to be addressed, but we need to be clear what we think our particular issues are and then we would need to identify how to solve them. Also that clear communication is required from Scottish Government and perhaps we should be approaching other regional planning teams, as we are being asked to carry out work without an allocation or commitment of resources, in a context where we have all got financial overspend

R Roberts reflected that it appears we are being asked to undertake work to support the Scottish Government to create an argument for budgets for future years, which is quite a lot of speculation in a ridiculously short timescale.

It was suggested that this should be carried out as three regional planning groups, not the East doing it and then discovering that the North and the West were doing something different. The Scottish Government should be approached to note that a sensible timescale should be allocated on the basis of clarified allocations as we cannot commit resources we do not have.

C Briggs agreed to feedback the general feeling that people have expressed with colleagues in the North and the West, and have a conversation with Scottish Government, also questioning if there is a particular problem that we are trying to solve.

C Briggs

	<p>C Potter noted that there will be a view and an opinion within the CAMS teams locally whether there are any asks that they would have into a regional or wider arrangement as well. C Briggs will pick this up and through Peter, make that connection back into the regional CAMHS planning group,</p> <p>T Gillies noted suspicions that this may be driven by a known or a covert knowledge that there's a shortfall against the standards. It has been publicised recently around CAMHS children in DGH paediatric wards for elongated periods of time. It would be helpful, there are some well described professional standards, so we might want to think regionally about a gap analysis around that and where does that take us to. This would help us to prioritize what the important element for us to solve as a region.</p> <p>R Roberts agreed with this, and it is known that there is a challenge around CAMHS capacity and there are patients who end up either in DGH paediatric ward or adult inpatient unit, which is completely unacceptable. Getting access to specialist beds, when we need them, is a challenge and some of that will be linked to the ability to support patients coming out of the regional centre. Work needs to be undertaken to ensure that demand and capacity are in the correct place, not short-term fixes.</p>	
4	SMART Consortium Service – Strategic Case	
	<p>P McLoughlin advised that the strategic case for SMART has been shared and discussed in this group on a number of occasions and members should be quite familiar with the work that's been done and what 's being tackled. This strategic case paper is presented for approval to allow the East Regional Consortium group to progress the work. When the ERPB met in February the case was referred back to regional Directors of Finance. The Director of Finance decision was that no East region Board was in a position right now to fund the consequences of the case in 2023/24, but it should be added to a list of our potential developments.</p> <p>Since then, within NHS Lothian, it's been pulled back in and NHS Lothian has requested further work on options to consider a minimal investment in consortium services to maintain performance, best we can, in the wheelchair and seating service in particular. Various options have been worked through in detail and discussed. Within the last couple of weeks, NHS Lothian has approved £201,000 of a non-recurring investment, which will be funded through access funding. This plan is being taken forward by the service management team, potentially for a July start.</p> <p>P McLoughlin asked the ERPB members to sign off the case formally today and remit the consortium group to continue with supporting the investment that's going in and importantly the non financial aspects.</p>	

There are some important recommendations that were outlined and have been discussed before, the SMART Consortium services needs a proper SLA, and the consortium group needs to be remitted to develop that, which will be key for governance and monitoring of performance.

There was an improvement plan specified for the prosthetics service, which again that consortium group could usefully support and action over the next couple of years, if we remit them with the job to do so.

M McGurk advised, to expand on the Directors of Finance discussions, that there was broad acceptance to be able to improve performance in this service, however have all recently submitted medium term financial plans and none of the Directors of Finance had included anything in relation to this. For the next East Region It was agreed for the next Director of Finance meeting discussions will be held around the different potential cases in the region at present and to scope / propose a prioritisation process. It was noted that the ERPB is also looking to do this as there will be elements that are higher up the priority list than others. The Directors of Finance are looking at particular cases in isolation, so it was felt that they needed to try and have that sort of broader, more medium-term perspective as well as the ERPB.

C Potter advised that his may be picked up during later conversation around taking stock of the of the planning process.

C Campbell noted support of DoFs prioritisation process and enthusiasm to take this forward and not be delayed, as it has been on the agenda for some time. C Campbell noted that it is just a waiting game for headlines, at present and this is too high a risk for Lothian. Should Fife and Borders need more time to consider this, Lothian are respectful of this but a monitoring system will need to be sought regionally to show there will be differential waiting as a result of that, C Campbell doesn't want to delay the decision and Lothian.

C Potter noted members respect Lothians position and that it's not where any of us would necessarily want it to be. We would all want to support our own respective positions. C Potter queried whether members are content to support the recommendations that are set out in the paper and noted that there are some actions there for the regional consortium group to monitor progress and develop that SLA going forward, which are important aspects for the future.

C Campbell advised that he is not clear what other Boards wish to do, so Lothian will go ahead and queried whether the position in Borders and Fife that they would prefer to wait until the work is completed by M McGurk. C Potter advised that this is her understanding and asked R Roberts to confirm. R Roberts advised that he would like to take this away to work through and absolutely understand what Borders contribution would need to be in order to be at the same level. It was also agreed that if Lothian need to progress then this is a legitimate decision for them to take.

	C Campbell queried whether P McLoughlin could find a way of reporting delivery of the respective activity and performance in this area. P McLoughlin advised that this was discussed during a Consortium Group yesterday and agreed to this request.	P McLoughlin
5	Regional Laboratory Medicine Working within the NHSS East Region – Towards a Regional Action Plan	
	<p>C Potter welcomed Mike Gray to give an update on the regional laboratory medicine working. M Gray shared slides ‘East Region Laboratories Disclose and Discover’ and advised that there is an East Region programme which has been ongoing, as an output of previous attempts of regional working, also that in 2017 there was a National Labs programme. The East Region was the only functional region that carried on that work as there was great benefit in it.</p> <p>The workshop held was to celebrate progress and also to reset the workplan for the East Region Laboratory team to concentrate on some specific areas. Workforce, workload and work distribution were discussed as well as People, Culture, Environment and the fiscal constraints.</p> <p>The proposed action plan was highlighted and it was noted that LIMS solution for Scotland and MSC Implementation are being carried forward. This is the largest project undertaken in the last 30 years and we were the first in Scotland to have a pan board and managed service contract with ROCHE and this is being implemented in Fife and Borders will follow within the next couple of years.</p> <p>The key points that came out of the workshop, that need to be ratified and undergo governance process as we have an East region laboratory programme board, are:</p> <p>Workforce and Recruitment Standardisation, the potential for a regional staff bank and the potential to consider how supernumerary training is delivered.</p> <p>DCAQ Business Programme, A full time degree for biomedical science in the region is needed. There is a part time degree and lessons are being taken from acute and are going for DCAQ business programme. The costs and effectiveness mechanisms used between boards for the delivery of these services needs consideration.</p> <p>Advanced Roles Programme, it is hoped to undertake the advanced roles program as there are a number of problems in, UK wide, medical workforce cover in pathology, laboratory medicine.</p> <p>Advanced Technology Programme and Staff Engagement</p> <p>POCT Programme, which is highly important as the ability to deliver results closer to the patient has been proven in the pandemic.</p>	

	<p>Staff Development Programme, succession and staff development programme, in particular on some of our junior managers in order to give them a wider view of the impact of their work in other clinical areas.</p> <p>R Roberts noted his attendance at the workshop and that he has been supporting the East region work by chairing the programme board. Previously and there is commitment and recognition from all of the laboratory teams and they recognize there are significant challenges and space for regional solutions, the largest being workforce issues. To create long term sustainability for Laboratories across the region this way of working should be encouraged. A Workplan now needs to be built to take this forward.</p> <p>T Gillies noted that this is ambitious and offered caution based on the previous comments relating to ability to deliver extensive programmes of change, particularly where they involve a significant amount of digital change across NHS Scotland. There are good opportunities around innovation and the medical directors would welcome a proposal to ensure that there is a line of sight for anything that comes under the badge of innovation, as there is not a governance framework that supports innovation.</p> <p>C Potter noted this appears to have been a positive session and queried there is an ask from the regional laboratory teams, at this point in time, for this forum for any further support or direction. M Gray advised that recognition is asked from this group, regarding this programme's existence. There are practical steps that should be considered in the future particularly around the fiscal operations between the boards. M McGurk agreed to discuss with the other Regional Directors of Finance.</p> <p>R Roberts noted the importance of the laboratory's leadership group highlighting the need for regional working and this should be supported in principle and we should encourage management teams to support this. In terms of the details required, we and the regional Laboratory team need to utilise the output from the workshop in order to form a workplan. If there are specific asks following this, we need to then bring that back to ERPB for agreement.</p> <p>C Campbell noted the challenge being around the laboratories group to suggest ideas and proposals for the ERPB to consider. M Gray advised that detail around fiscal arrangements need to be considered as some financial decisions will drive what is undertaken and these solutions may not be the most cost effective.</p>	<p>M McGurk</p>
<p>6</p>	<p>Regional Health Protection Service Development Update</p>	
	<p>J Tomlinson advised that the update paper was requested from the boards as there has been a gap, with change at the helm. Jan McClean had previously provided a verbal update. The first of 2 papers, the overarching paper sets the scene along with providing some background. The paper also sets out some of the challenges over the more recent months, since December 2022, around the digital platform</p>	

and some of the financial mechanisms that are required. These two elements together have resulted in a shift in the timeline and the April start date has not been possible.

The second paper, the highlight report, summarises progress and is tabled at the Oversight Boards Meeting. There is now a greater certainty around the key digital platform and an options paper is underway. Some of the other business and process elements have been progressing really well in the background. The finance element was discussed during the recent Oversight Board and key agreements, regarding financial principles and a baseline budget process were reached.

There is still some work to be carried out around the timescales and methodology to ensure fairness across the region. This is really important as there are currently vacancies in different board areas which need to be recruited to, in the longer term, using parts of budgets. Other key elements were noted as Cost Codes and a clear timeline towards NRAC clarity, which needs agreement before the live date.

C Campbell advised that there were two other elements that need clarity, the role of the regional health protection service, and what it's there for, as well as a dispute resolution process. C Campbell noted full support of this but is keen to ensure there are processes in place for difficult future times

J Tomlinson advised that there was a request from the Oversight Board for a paper to set out the detail for those who are not immersed in this and make the case around the positive benefits as well. This was completed at the beginning of this project but it does need refreshed. It is clear about the importance, in terms of sustainability, of this small specialist workforce.

C Potter suggested reaching out to M McGurk and, through A Carter, the three HRDs as we have other services that are regional that could be learned from i.e. service level agreements on dispute resolution.

R Roberts advised that in the Borders this is particularly acute at the moment but echoed that it would be helpful to be absolutely clear about what this is and what it isn't as this would then avoid unnecessary dispute through a lack of understanding. An understanding of the timeframe would also be helpful.

C Briggs noted that potentially the best model for this is that of the intellectual disabilities MCN, where there should be something about dispute resolution and rules written. C Briggs agreed to facilitate a conversation between J Tomlinson and Cath Morrison, LD MCN Manager to give some support around this.

J Tomlinson agreed that this would be helpful, in terms of comparison with an existing service. In respect of the Borders, there are conversations being held specifically between Lothian and Borders

C Briggs / J Tomlinson

	<p>DPHs at the moment as there are some fundamentals that the regional service are not ready for and DPIA needs to be in place. There is also some technical work that needs to be carried out to the digital platform before going live and it would be difficult to bring that forward. It is anticipated that this will be ready to go live in the Summer 2023.</p>	
<p>7</p>	<p>People in Police Care – Annual Service Report 2022: South East Forensic Examination and Police Custody Service</p>	
	<p>C Briggs advised that the annual report was circulated and that there's some good work going on in that group, in particular, attention should be drawn to where we are with staffing and that the team have done a really good piece of work to try and move from a very male dominated full time permanent workforce to much more of a female dominated workforce an improving performance while doing so. It's important that we congratulate them on that work.</p> <p>C Briggs also noted that there is an E health digital solution, Celma, which was designed to be an all-in-one solution for the recording of referrals and information. It has been reported that this system does not work effectively and is causing some difficulties. David Carson, clinical lead is in discussions with people in CMO's office, Scottish Government about identifying the best way forward. C Briggs agreed to update ERPB on an ongoing basis when more information is available.</p> <p>C Potter advised that, for wider awareness, she Chairs the SARKS Network Oversight Board and that the Celma issue is frequently referred to in that group as well. C Potter queried if there was reasoning behind why this is a calendar year report and not a financial year? C Briggs advised that it is likely as we were falling behind and this is to provide an annual report for a full year rather than effectively the previous years financial report. This timeframe enables us to get, quickly, as close to the current day as possible and its to be expected that an extension, on the last 3 months, will be seen relatively soon.</p> <p>C Potter also noted the interest of this report although, not as a criticism, upon reaching the end it was unclear what the takeaway was, whether it was good, bad or indifferent. C Briggs advised that it is both and the team may have queried who to report this type of information to and C Briggs suggested to table this at ERPB, to give members an opportunity to congratulate the team on the work around the workforce in particular.</p> <p>T Gillies reminded members that when this service was taken on for a regional delivery by one board on behalf of the others, reports came back to the old style structure and that it is good to see that coming back. It is a report, however, that focuses on activity. So given the high risk nature of the service being provided, I'm sure that boards outside Lothian would want to know that there is explicit reporting on the governance aspects of the service delivery to Lothian's healthcare governance from RIAS, who provide the service. It introduces the query as to what level the partner boards want to see the clinical governance elements as the service, that's being delivered on your behalf by that team, is quite high risk for clinical governance incidents.</p>	<p>C Briggs</p>

	<p>C Potter noted this really important point and queried whether it is something for C McKenna and L McCallum to form a view on, in terms of whether they would suggest anything that needed to be reported into Borders or Fife for that assurance on the service that is being provided by Lothian. T Gillies agreed to discuss this with C McKenna, L McCallum and Andrew Murray, from Forth Valley.</p>	T Gillies
8	AOB	
	<p>Looking Ahead – Taking Stock & Prioritising the East Region Planning Programme</p> <p>P McLoughlin reminded members that this short meeting of ERPB was held today due to the cancelation of the April meeting and queried whether members would be content to run the existing Programme Board date at the end of June as more of a strategy session, to allow discussion on the regional work programme going forward.</p> <p>P McLoughlin advised that discussion, with some members, have been held around the potential way of thinking about the strategic framework, that we work within, and how we link to Board ADP's and plans and our core services, etc. It was also advised that that Paula Speirs and John Burns are moving ahead with the national group, looking at national and regional planning, and that group met last week for the first time. There will be some recommendations on the future shape of regional planning later in the year.</p> <p>P McLoughlin and C Briggs agreed to facilitate the June discussions. C Potter advised that it would be beneficial to invite J Smyth and S Fraser into that conversation also for input from the Planning Directors in the different Boards.</p>	P McLoughlin / C Briggs
9	Date of Next Meetings	
	<p>Friday 30th June 2023 2.15 – 4.15 Friday 8th September 2023 2.15 – 4.15 Friday 17th November 2023 2.15 – 4.15</p>	

INTEGRATION JOINT BOARD
(Meeting on 31 March 2023)

No issues were raised for escalation to the Board.



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 31 MARCH 2023 AT 10.00 AM

Present	Arlene Wood (AW) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CM), Medical Director, NHS Fife Janette Keenan (JK), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Debbie Fyfe (DF), Joint TU Secretary, Fife Council Eleanor Haggett (EH), Staff Representative, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Lynn Barker (LB), Associate Director of Nursing
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Lindsay Thomson, Head of Legal and Democratic Services, Fife Council Alan Small, Independent Chair of Fife Adult Support and Protection Committee Danielle Archibald, Service Manager Ronan Burke, Quality Assurance Officer Hazel Williamson (HW), Communications Adviser Cara Forrester (CF), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	
	Arlene Wood, Chair of the Integration Joint Board, welcomed everyone to the meeting	
	Arlene Wood then congratulated Kerys Russell, an Upper GI Cancer Clinical Nurse Specialist and Leanne Patrick, a Gender Based Violence Nurse Specialist	

NO	TITLE	ACTION
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES (CONT)	
	<p>who have been selected to take part in the unique professional development programme to become a Queen's Nurse.</p> <p>Apologies had been received from Amanda Wong and Joy Tomlinson.</p> <p>Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.</p>	
2	DECLARATION OF MEMBERS' INTERESTS	
	There were no declarations of interest.	
3	MINUTES OF PREVIOUS MEETING & ACTION NOTE 27 JANUARY 2023	
	The Minute and Action Note both needed small adjustments and once these have been done these will be considered accurate records.	
4	CHIEF OFFICER UPDATE	
	<p>Arlene Wood handed over to Nicky Connor for this item.</p> <p>Nicky Connor updated on the Lived Experience segment (Item 6.1) which was being reintroduced to the IJB agenda post covid. These would come to IJB meetings regularly.</p> <p>Jennifer Rezendez has been appointed Principal Social Work Officer, she takes up post on 16 May 2023 and will attend the May IJB meeting.</p> <p>There has been excellent feedback following the recent Care at Home Inspection and Nicky Connor commended all staff and leadership from the Service.</p> <p>At the IJB Development Session in February 2023 discussion had taken place on Risk, Risk Appetite and the Medium-Term Financial Strategy, which is on the agenda for this meeting.</p> <p>The consultation on the Commissioning Strategy is nearing an end and board members are encouraged to given their views as well as sharing and promoting this with others.</p>	
5	STRATEGIC PLANNING & DELIVERY	
	5.1 - STRATEGIC PLAN DELIVERY FOR 2023/24	
	<p>This report had been discussed at the Strategic Planning Group (SPG) on 1 March 2023, Finance, Performance & Scrutiny (FP&S) Committee on 17 March 2023 and the Local Partnership Forum (LPF) on 29 March 2023. Arlene Wood introduced Fiona McKay who presented the report which covers the first year of the Strategic Plan which was approved in January 2023. The Directions which accompany the report will be updated prior to being sent to NHS Fife and Fife Council.</p>	

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT) 5.1 - STRATEGIC PLAN DELIVERY FOR 2023/24 (CONT)	
	<p>Arlene Wood then invited David Graham, Chair of SPG, Alastair Grant, Chair of FP&S and Simon Fevre, Co-Chair of the LPF to comment on discussions at their respective meetings before questions from Board members. All three confirmed that their meetings had raised no significant issues and supported the plan.</p>	
	<p>Discussion took place around post-diagnostic support for newly diagnosed dementia sufferers, which was not specified in the delivery plan and would be part of the Dementia Strategy and added to the workplan. Questions were raised around the one-stop drop ins for drugs and alcohol and the provision in more rural areas. Fiona McKay advised that as well as fixed locations for these, there would also be mobile provision across rural Fife. The proposed Directions were discussed.</p>	FM
	<p>The Board reviewed and approved the final draft of the Delivery Plan 2023 and identified and approved the preferred option for Directions, which should be finalised and sent to NHS Fife and Fife Council.</p>	
6	LIVED EXPERIENCE & WELLBEING 6.1 - LIVED EXPERIENCE	
	<p>Arlene Wood introduced Lynn Barker who outlined the format for this item, which pre-covid were called Person Stories. These will allow the board to hear directly from the public and staff and will support our equality outcomes and strategic plan.</p>	
	<p>Katie's story was shared in a short video giving her experience with Audiology and the Deaf Communications Service and the difference they have made to her. This was a good example of partnership working and how technology is being used to improve outcomes for patients.</p>	
	<p>Feedback from the Board was positive and Arlene Wood asked that the thanks of the Board be passed to Katie and all of the staff involved in the making of the video</p>	
7	INTEGRATED PERFORMANCE 7.1 - BUDGET 2023-2024 AND MEDIUM-TERM FINANCIAL STRATEGY	
	<p>This report had been discussed at the FP&S Committee on 17 March 2023 and the LPF on 29 March 2023. Arlene Wood handed over to Nicky Connor who introduced the report which Audrey Valente, as Section 95 Officer, would present. Each IJB must agree their budget by 31 March each year.</p>	
	<p>The IJB budget is delegated from NHS Fife and Fife Council and the Board is empowered to utilise the funding to meet the needs of the people of Fife and focus on outcomes. The financial challenges are significant and proposals cover a mix of efficiency, redesign and transformation. To reach this point there has been considerable consultation, including a development session, meetings with trade unions and staff side and drop-in meetings. Feedback from these have been incorporated into the budget.</p>	

NC/AV

7 INTEGRATED PERFORMANCE (CONT)

7.1 - BUDGET 2023-2024 AND MEDIUM-TERM FINANCIAL STRATEGY (CONT)

There is a commitment that if the budget is signed off at this IJB, a report on business cases will be brought to the IJB in July 2023 to give detail of each of the budget proposals.

Audrey Valente then presented the report which provided information on the estimated resources available to the IJB over the 2023-26 period. The paper asked the IJB to approve the budget for next financial year and gave an indication of the medium-term financial position.

The potential budget gap is currently £21m, rising to approx £35m in 2025-2026 and budget assumptions will be refined as more robust financial intelligence becomes available. The Year 1 funding gap will require to be met from savings but earmarked Reserves of £10m could be used to address and mitigate the risk. This will be monitored closely throughout 2023-24 with a view to reducing the commitment against reserves when the opportunity to do so arises.

Appendix 2 contained the proposed Directions to Fife Council and NHS Fife. Appendix 3 to the report was the Medium-Term Financial Strategy which contained the proposals to close the budget gap.

Audrey Valente reinforced Nicky Connor's commitment to bringing a report on the business cases to the IJB meeting in July 2023.

Arlene Wood then invited Alastair Grant, Chair of FP&S and Simon Fevre, Co-Chair of the LPF to comment on discussions at their meetings before questions from Board members. Alastair Grant advised that the FP&S Committee were happy to agree the budget, proposed Directions and the use of Reserves. Simon Fevre advised that the LPF had a frank and robust discussion on the proposals and concerns had been raised regarding the impact on the workforce.

This was a comprehensive report with ambitious plans to transform the partnership. Based on information currently available things could change adding additional cost pressures going forward.

Discussion took place around the risks involved in ensuring safe staffing in all areas of the partnership.

Some members raised concern about the lack of information currently available on the savings proposals and the methodology behind the proposals, but others felt it was unreasonable to expect detailed business plans at this point in the process

Audrey Valente thanked those present for their input to the discussions, noted the concerns raised and reiterated that a report on the business cases would be brought to the IJB meeting in July.

NC/AV

Arlene Wood summed up the discussions and thanked the team for the work which had gone into this paper. Nicky Connor proposed that a further recommendation be added to the paper – *a commitment to ongoing engagement and partnership working for our areas of transformation with the aim of supporting high-quality, person-centred care which will be scrutinised through governance structure of the IJB and we will bring a report to the July IJB.*"

NO	TITLE	ACTION
7	INTEGRATED PERFORMANCE (CONT) 7.1 - BUDGET 2023-2024 AND MEDIUM-TERM FINANCIAL STRATEGY (CONT) <p>The Board examined and considered the budget for 2023/24 and associated savings, agreed the budget for next financial year 2023-24, considered and agreed the Direction to both partner organisation's and instruct both NHS Fife and Fife Council as appropriate, agreed to earmark £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24 and examined and considered the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, changes in Inflation, demographic growth to name but a few.</p> <p>The Board also approved the additional recommendation proposed by Nicky Connor.</p> <p>7.2 - FINANCE UPDATE</p> <p>This report had been discussed at FP&S Committee on 17 March 2023. Arlene Wood introduced Audrey Valente who presented the report which detailed the financial position of the delegated and managed services based on 31 January 2023 for NHS/31 December 2022 for Fife Council. The forecast for Fife Health & Social Care Partnership is currently a surplus £11.307m. The key areas of over and underspend were detailed within the report.</p> <p>Arlene Wood then invited Alastair Grant, Chair of FP&S to comment on discussions at the Committee before questions from Board members. Alastair Grant confirmed that the committee had no concerns regarding the report.</p> <p>The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position and the use of Reserves as at December 2022/January 2023.</p>	
8	GOVERNANCE & OUTCOMES 8.1 – REVIEW OF THE IJB RISK MANAGEMENT POLICY AND STRATEGY <p>This report had been discussed at the SPG meeting on 1 March 2023, Quality and Communities (Q&C) Committee on 10 March 2023, FP&S on 17 March 2023 and Audit and Assurance (A&A) Committee on 22 March 2023. Arlene Wood introduced Audrey Valente who presented the report which will support the delivery of the Strategic Plan. The Policy and Strategy were created by the partner bodies in 2016 in line with the Integration Scheme. It was refreshed in 2019 and required to be reviewed again following the approval of the updated Integration Scheme in March 2022.</p> <p>The Policy and Strategy had been discussed at the IJB Development Session in February 2023 and a short life working group was set up to complete the review.</p> <p>The refresh considered the development of Risk Appetite, the distinction between processes for IJB strategic risks and partner operational risks, the removal of the “Corporate” risk category and the IJB Governance and HSCP organisational structure changes, including the roles and responsibilities of the Governance Committees.</p>	

NO TITLE**ACTION****8 GOVERNANCE & OUTCOMES****8.1 – REVIEW OF THE IJB RISK MANAGEMENT POLICY AND STRATEGY (CONT)**

Arlene Wood then invited David Graham, Chair of SPG, Rosemary Liewald (for Sinead Braiden, Chair of Q&C), Alastair Grant, Chair of FP&S and Dave Dempsey, Chair of A&A to comment on discussions at their meeting before questions from Board members. Each of them confirmed that their groups were happy to recommend this for approval.

The Board approved the Risk Management Policy and Strategy, to support delivery of the Strategic Plan 2023-2026.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**9.1 - CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021-2022**

This report had been discussed at Q&C Committee on 10 March 2023 (not 9 March as in IJB papers). Arlene Wood introduced Kathy Henwood who presented the report which is based on a Scottish Government template, which has changed since the previous CSWO report and gives consistency across all local authorities and IJB's in Scotland. The report covers 2021-2022 and showed areas of improvement, transformation and development.

Arlene Wood then invited Rosemary Liewald (on behalf Sinead Braiden, Chair of Q&C) to comment on discussions at that meeting before questions from Board members. Rosemary Liewald confirmed the Committee had discussed the report which was well received.

Kathy Henwood will be moving on from the Partnership and moving to a new role in Lothian. Nicky Connor expressed her thanks to Kathy Henwood both personally and professionally.

Discussion took place around the position with looked after children both pre and post covid. Kathy Henwood confirmed that pre covid there were approximately 150 children placed outwith Fife, these children had been brought back into Fife and in most cases this had worked well. Three new permanent Corporate Parenting Development Worker posts have been created and filled by care experienced employees.

The Board were assured by the report which describes the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.

Arlene Wood thanked Kathy Henwood and her team for this report which provided a lot of learning for Board members.

This report had been discussed at Q&C Committee on 10 March 2023 (not 9 March as in IJB papers). Arlene Wood then introduced Alan Small who presented this report which is based on a Scottish Government template to encourage consistency in returns. The report was submitted to Scottish Government in October 2022 and covers the period 1 April 2020 – 31 March 2022.

Alan Small covered the key points in the report which included issues with double counting of data regarding large scale investigations, which has now been resolved.

NO	TITLE	ACTION
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)	
	9.2 - FIFE ADULT SUPPORT AND PROTECTION COMMITTEE BIENNIAL REPORT 2020-2022	
	<p>The Board took assurance on the work being progressed in support of the protection of adults as outlined in the Fife Adults Support and Protection Committee Biennial Report 2020-2022.</p> <p>Arlene Wood thanked Alan Small and the team for the report which gave excellent feedback on the work undertaken in the last few years.</p>	
	9.3 - MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT – JANUARY 2023	
	<p>This report had been discussed at the Strategic Planning Group on 1 March, Q&C Committee on 10 March 2023 and FP&S Committee on 17 March 2023. Arlene Wood introduced Fiona McKay who presented this report which had been delayed due to covid. Joint meetings have been held with other partnerships and the Equality & Human Rights Commission to ensure plans are robust. Appendix 2 show the Action Plan and the EQIA is also included, which will be used in the production of the savings proposals in the Medium-Term Financial Strategy..</p> <p>Arlene Wood then invited David Graham, Chair of SPG, Rosemary Liewald (for Sinead Braiden, Chair of Q&C) and Alastair Grant, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.</p> <p>The SPG had raised several issues with the report and these had been rectified. Q&C had examined the report closely and no specific points had been raised. Alastair Grant confirmed FP&S had discussed the report and had nothing to highlight.</p>	
	<p>Morna Fleming asked that an addition be made to Equality Outcome 6 (page 293 of the final papers) where she would like to see specific mention of carers being included. Also in Equality Outcome 7 there should be some indication of attempts to reach carers in particular. Fiona McKay confirmed that the work undertaken with the Commission on this report means that we should be looking back on what has been achieved to ensure delivery of outcomes, going forward we will ensure the voice of carers, veterans and children will be included. These outcomes will be strengthened.</p>	FM
	<p>Discussion took place around the improving outcomes in the report, how do we measure progress and reducing stigma around dementia diagnosis.</p>	
	<p>Arlene Wood felt this was a meaningful report, made more pertinent after hearing Katie's story earlier in the meeting. Arlene Wood has a question relating to the LGBT needs assessment and further work which would be taken forward, which is not mentioned in the Action Plan. Arlene Wood also asked about identifying improvements around equalities and asked Nicky Connor to comment. Joy Tomlinson had recently shared a Health Improvement Scotland report showing information on inequalities, Arlene Wood wondered if this should be included as part of the Action Plan. Nicky Connor had shared this report with colleagues and this is being looked at through the lens of performance and what we are doing in relation to Localities and ensuring that intended actions do not have unintended consequences.</p>	FM

NO	TITLE	ACTION
	9.3 - MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT – JANUARY 2023 (CONT)	
	<p>The Board discussed the report and provided final approval of the Mainstreaming Report and Equality Outcomes Progress Report 2023.</p>	FM
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED	
	<p>Audit & Assurance Committee Dave Dempsey confirmed he had nothing to add from the meeting held on 19 January 2023. At the meeting on 22 March 2023 the main area of discussion was Risk.</p>	
	<p>Finance, Performance & Scrutiny Committee Alastair Grant had nothing to add from the meeting held on 20 January 2023. Discussions from the meeting held on 17 March 2023 had been updated during previous items.</p>	
	<p>Quality & Communities Committee Sinead Braiden has no items for escalation from the meeting on 18 January 2023. As Sinead did not attend the meeting on 10 March 2023, Rosemary Liewald advised that there was nothing to raise from the March meeting.</p>	
	<p>Local Partnership Forum Simon Fevre had nothing more to add from the meeting held on 24 January 2023. Discussion at the meeting held on 29 March 2023 included the Budget, compliance with mandatory training, improving staff attendance, system pressures and the recent Care at Home Inspection .</p>	
	<p>Strategic Planning Group The Equality Duty/Outcomes report had been discussed on 1 March 2023 and suggested changes had been taken on board.</p>	
11	<p>AOCB As Arlene Wood had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by updating on the dates of the next meetings.</p>	
12	<p>DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 28 APRIL 2023 INTEGRATION JOINT BOARD – FRIDAY 26 MAY 2023</p>	

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON WEDNESDAY 15 MARCH 2023 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Cllr David Graham, Non-Executive Member
Anne Haston, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Azets
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Barry Hudson, Regional Audit Manager
Amy Hughes, Azets (*observing*)
Karen Jones, Azets
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sally McCormack, Associate Medical Director for Emergency Care and Planned Care (*observing*)
Margo McGurk, Director of Finance & Strategy
Alan Mitchell, Thomson Cooper (*for item 8.3 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members Aileen Lawrie (Non-Executive Member) and Kirstie MacDonald (Non-Executive Member), and attendee Carol Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 5 December 2022

The minute of the last meeting was **agreed** as an accurate record.

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the update provided and the closed item on the Action List.

5. GOVERNANCE MATTERS

5.1 Losses & Special Payments Quarter 3 Report (Oct – Dec 2022)

The Head of Financial Services & Procurement reported that the number of losses for quarter 3 are comparable with the previous quarter. It was noted that the value of losses has increased due to the clinical *ex-gratia* compensation payments. It was advised an analysis has been carried out on the payments outwith any legal settlements, and no further investigation is required at this time. Assurance was provided to members that the current position covering the first three quarters of 2022/23 remains below the full year position reported to the Scottish Government during the 2021/22 Annual Accounts process.

A Haston, Non-Executive Member, highlighted the increased clinical *ex-gratia* compensation payments for quarter 3 and asked if it would be beneficial for the Committee to be provided with an annual summary, for comparison. The Head of Financial Services & Procurement advised that the yearly report will be provided at the next Committee meeting, and he noted that the Annual Report is provided in the Annual Accounts. The Director of Finance & Strategy added that it is difficult to forecast clinical *ex-gratia* compensation payments and difficult to project when those payments will settle and the final settlement amount. It was noted that the yearly report can be compared to the previous year, however it was highlighted that one large claim amount can skew the data.

The Committee took **assurance** from the report.

5.2 Committee Self-Assessment Report 2022/23

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Audit & Risk Committee. It was noted that there was a slightly lower number of respondents, due to leavers of the Committee at the end of 2022, and new members not being a position to complete the questionnaire as they had not yet experienced a meeting since joining the Committee.

An overview on the themes of the self-assessment was provided. It was advised that a training session will be carried out for the Annual Accounts process this year, which was highlighted in the report as being welcomed by members the previous year. It was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes, such as ensuring that meeting packs were not too voluminous. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

A Haston, Non-Executive Member, expressed an opinion that she felt a committee review for new Members would be beneficial to add to the induction process, to help new appointees receive feedback on their initial period serving on a committee. The Board Secretary agreed this could be built into the existing appraisal process.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit.

The Committee **took assurance** from the conclusions of the self-assessment exercise.

5.3 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the changes proposed to the Terms of Reference (ToR) are tracked within the paper and reflects changes to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register. More clarity around the governance documents subject to annual review, as part of the Code of Corporate Governance, as opposed to being stand-alone, has also been added to the ToR.

The Committee **approved** this version for further consideration by the Board.

5.4 Publication of Blueprint for Good Governance, Second Edition

The Board Secretary reported that the second edition of the Blueprint for Good Governance was released via a Directors' Letter in late December 2022.

It was advised that the information on what is required by Boards to implement the new Blueprint is currently limited, though a Scottish Government led event is scheduled for late April 2023 for Chairs and Non-Executives to discuss what has changed in the Blueprint and to outline the national guidance on its implementation. Training modules, via NES, will also be available, and further detail is to follow.

It was reported that NHS Highland are presently trialling a Board level-survey, which will be rolled out across all Boards. The results of this exercise will be used as a benchmark for Boards, with an action plan to be developed in response.

The Board Secretary reported that discussions have taken place with the Chief Internal Auditor and his team around potential changes to the Blueprint for Good Governance, and it was advised that the development session on the Committee Assurance Principles is complementary to the requirements of the Blueprint document. It was also advised that Internal Audit have made some changes to their regular internal audit recommendation follow-up report, to reflect the new guidance within the Blueprint document.

The Committee noted, for **assurance**, the information provided in the paper on the issuing of the second edition of the NHS Scotland Blueprint of Good Governance and the further detail still to be received on its implementation timeline.

5.5 Payroll Service Transfer to NSS Assurance Statement

The Head of Financial Services & Procurement reported that the paper is presented to the Committee to provide assurance on the continuity of service.

It was advised the paper sets out a three-year plan from the current process to development of a full three-year service audit report to take assurance from, and an overview on the timelines for the audit plan was provided. It was noted the plan has been shared with Audit Scotland and Internal Auditors, and the Head of Financial Services & Procurement agreed to feed back any comments on the plan from the Committee to the Auditors.

The Chief Internal Audit highlighted the importance of service continuity linking into the service audit for assurance on reliability of the systems moving forward.

The Committee took **assurance** from the Audit Plan proposed by NSS for 2022/23 and the following two years.

6. RISK

6.1 Corporate Risk Register

The Risk Manager reported that the paper provides a summary of the key changes to the strategic risk profile and corporate risks which have been reported to the Board's Standing Governance Committees since the previous meeting. An overview on the updates was provided.

It was advised that the Risk & Opportunities Group will have a focus on comments and feedback received from the Board's Standing Governance Committees, particularly around the scoring of risks and target scores to ensure they are realistic and achievable. The Risk & Opportunities Group will also develop the assurance component around the corporate risks and will explore a model that will provide appropriate levels of assurance. In terms of concluding the work on the Population Health & Wellbeing Strategy, it was advised that the Risk & Opportunities Group will connect this to the Corporate Risk Register and Strategic Planning & Resource Allocation (SPRA), to ensure alignment.

The Director of Finance & Strategy reported that clearly defining specific levels of assurance, linked to the impact of risk mitigation, had been raised at other Committee meetings and she noted that this is being taken forward through the Risk & Opportunities Group.

The Chief Internal Auditor strongly welcomed the development of the Corporate Risk Register, and the Chair agreed that its introduction has been beneficial.

The Committee took **assurance** from the update.

7. GOVERNANCE – INTERNAL AUDIT

7.1 Internal Audit Framework

The Chief Internal Auditor introduced this item and summarised the main points of the paper.

The Committee:

- **Noted** the NHS Fife Specification for Internal Audit Services
- **Approved** the Internal Audit Charter
- **Approved** the NHS Fife Internal Audit Reporting Protocol and Audit Follow Up Protocol

7.2 Internal Audit Progress Report

The Regional Audit Manager advised that the report details activity on the Annual Audit Plan, and that the appendix describes the status of the remaining reviews since the last Committee meeting. It was highlighted that the final mid-year Internal Control Evaluation report has now been completed, with management responses now included. It was reported that outstanding work is progressing well, and the majority of field work is close to draft report stage.

The Committee took **assurance** of the progress on the delivery of the Internal Audit Plan.

7.3 Internal Audit – Follow-Up Report on Audit Recommendations 2021/22

The Regional Audit Manager advised that the follow-up report includes reference to the Blueprint for Good Governance in NHS Scotland, second edition. It was noted that the follow-up report has been adapted to demonstrate the requirement that actions should be addressed in the current financial year, rather than being carried forward from one financial year to the next, which is from the new guidance within the Blueprint document. The Audit follow-up protocol will also be adapted to reflect these changes and will be brought back to the next Committee meeting for approval.

The Committee took **assurance** from the current status of Internal Audit recommendations recorded within the Audit Follow-Up system. The Committee **noted** the changes to the style of Audit Follow-Up reporting to meet the related requirements of the Blueprint for Good Governance in NHS Scotland (second edition).

7.4 Internal Control Evaluation Report 2022/23 – Final Report

The Chief Internal Auditor advised that the draft report was presented to the Committee at the last meeting, and that it now includes management responses, which are comprehensive. He noted that progress made over the previous year has been positive, particularly in relation to good governance.

The Committee took **assurance** on the finalised Internal Control Evaluation Report, with updated management responses to the audit recommendations.

8. GOVERNANCE – EXTERNAL AUDIT

8.1 External Audit Plan

C Brown from Azets reported that the plan is based on a number of sources of information and evidence. The key aspects from the External Audit Plan were outlined. It was noted that there have been changes to auditing standards in relation to risk assessment and fraud risk assessment, which require more detailed work in those areas, and that this has resulted in a slight delay to the planning process. An overview was provided on the identified risks of material misstatement, which are detailed in the plan. C Brown also highlighted that further work will be carried out in relation to the provision of payroll services following the transfer of the service to NSS.

Following a query from the Chair regarding timelines for the Annual Accounts process, K Jones from Azets advised that the plan will be updated once timelines have been received, and it was noted the timelines will be in line with meeting the 30 June 2023 approval timetable.

The Committee took **assurance** from the External Audit Plan.

8.2 External Audit – Follow-Up Report on Audit Recommendations

The Head of Financial Services & Procurement advised the paper is presented as a follow-up report, following the December 2022 update. It was advised that preliminary discussions have taken place with Azets in relation to the findings and points raised at last year's audit. Assurance was provided that the recommendations are either being addressed or will continue to be addressed going forward.

The Committee took **assurance** from the progress made against the 2021/22 External Audit recommendations.

8.3 External Audit Plan – Patients' Private Funds

A Mitchell from Thomson Cooper joined the meeting. It was reported that the document outlines the audit approach, timetable for the audit and the key risk areas identified.

A Mitchell explained the ethical standard for auditors in terms of long associations with clients, as detailed in the paper, and advised that it will be recommended that he is retained as the Responsible Individual (RI) and Fiona Haro, another RI within the firm, will undertake a concurring review.

As part of the process, A Mitchell advised that the key risks within the audit have been identified and are detailed in the plan. It was noted that the key risks are similar to previous years and the focus of the audit will be around security of patient funds and compliance with agreed financial operating procedures.

A Mitchell advised that Stratheden Hospital and Whyteman's Brae Hospital have been identified as the two sites to be audited.

The Director of Finance & Strategy highlighted to members the importance of holding patients' private funds and having a solid and robust system of control in place, which is being reiterated to the team.

The Committee took **assurance** from the External Audit plan.

9. FOR ASSURANCE

9.1 Audit Scotland Technical Bulletin 2022/4

The Head of Financial Services & Procurement advised that the Audit Scotland Technical Bulletin is provided to the Committee to update on current matters and emerging issues in relation to the audit process. It was noted that the main focus within the report is around the reduced year-end timeframe this year that the public sector faces. A separate chapter on health and another on fraud irregularity was highlighted. It was advised that the report was provided to the Finance Team for awareness.

The Committee took **assurance** from the Bulletin.

9.2 Audit Scotland Annual Overview Report 2022

The Director of Finance & Strategy highlighted that the key messages within the report will be responded to through our new Population Health & Wellbeing and Medium-term Financial Strategies. It was noted that the largest risk for recovery of services is around the workforce capacity in the medium-term.

The Chief Internal Auditor noted that there is a gap between what is achievable within NHS Fife and the expectation from the Scottish Government. C Brown, Azets, highlighted the unrealistic expectations from the Scottish Government in relation to delivery of services, and the challenges to achieve the recommendations set out in the report. He also highlighted the importance of NHS Boards having realistic plans that are achievable with the resources available. The Director of Finance & Strategy reported that there is a level of transparency across the organisation, and NHS Fife will be clear on the level of challenge through discussions with the Board, Committees, and engagement with the public, which is already taking place. The Director of Finance & Strategy advised that the Scottish Government have been advised that NHS Fife will prepare a five-year financial recovery plan, as a shorter-term plan would not be achievable.

The Board Secretary advised that the Integrated Performance & Quality Report and the achievability of national targets was discussed in detail at the Finance, Performance & Resources Committee on 14 March 2023, and she questioned how we can evidence that good progress is being made whilst the national targets are not being met and provide assurance to the Board.

The Chief Internal Auditor highlighted the importance of setting realistic targets within performance management, and the risks associated with setting targets that are unrealistic.

The Committee **considered** and reflected on the issues contained within the report and how they align particularly to the planning assumptions within the proposed new Population Health and Wellbeing Strategy and the Medium-term Financial Strategy.

9.3 Delivery of Annual Workplan

The Committee took **assurance** on the delivery of the tracked workplan.

9.4 Proposed Annual Workplan 2023/24

The Director of Finance & Strategy advised that the Annual Accounts final reporting timeline has been brought forward within the 2022/23 workplan.

The Board Secretary highlighted that the topic for the next Committee Development Session (date TBC) will be a review of the effectiveness of the new Corporate Risk Register process and welcomed comments or a proposed alternative topic for that session.

Action: Board Committee Support Officer

The External Auditors agreed to provide a training session, at the May 2023 meeting, to members on the Annual Accounts process. The training material from the previous year will be shared with the External Auditors.

Action: Board Committee Support Officer

The Committee **approved** the proposed annual workplan.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

The Director of Finance & Strategy suggested providing assurance to the Board that the Audit & Risk Committee have reflected on ensuring that our strategies and financial plans are aligned to recommendations within the Audit Scotland Annual Report.

The Committee agreed that the briefing paper on the Blueprint for Good Governance, Second Edition will be presented to the Board at the March 2023 meeting to provide assurance and to ensure that its issue has been formally documented.

11. ANY OTHER BUSINESS

None.

Date of Next Meeting: Wednesday 18 May 2023 at 2pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 5 MAY 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
Carol Potter, Chief Executive (*part*)

In Attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Iain MacLeod, Deputy Medical Director, Acute Services Division
Elizabeth Muir, Clinical Effectiveness Manager
Neil McCormick, Director of Property & Asset Management
Nicola Robertson, Associate Director of Nursing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members Colin Grieve (Non-Executive Member), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health) and attendees Norma Beveridge (Associate Director of Nursing), Susan Fraser (Associate Director of Planning & Performance), Margo McGurk (Director of Finance & Strategy) and Shirley-Anne Savage (Associate Director of Quality & Clinical Governance).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on 3 March 2023**

The Committee formally **approved** the minutes of the previous meeting.

4. **Matters Arising / Action List**

The Committee **noted** the updates and also the closed items on the Action List.

Action 1 – Inequalities Data

The Medical Director noted that to produce meaningful data and analysis for adverse events, this would require a large amount of time and resource, which the current Clinical Governance team cannot provide at this point in time. It was also noted that it will be difficult to understand the potential outcome from actions until commissioning a piece of research has been carried out.

It was agreed to ask the Director of Public Health to close this action from the Clinical Governance Committee action list and take forward instead through the Public Health & Wellbeing Committee's ongoing work around health inequalities.

Action: Director of Nursing

Action 2 – Strategic Planning & Resource Allocation 2023/24

Given that no update had been provided on the Committee's action list, the Board Secretary advised that the Auditors carry out follow-up work as part of closing off the year end audit, and that this will include reviewing actions in place in relation to ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22. It was also noted that this action would be further captured through discussions at the Audit & Risk Committee as part of that follow-up process.

The action list will be updated accordingly.

5. **ACTIVE OR EMERGING ISSUES**

The Chair advised the Committee that there are no active or emerging issues to report on to this meeting.

6. **GOVERNANCE MATTERS**

6.1 **Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups**

The Board Secretary reported that the Annual Assurance Statements and reports are presented to the Clinical Governance Committee on a yearly basis to provide assurance that each subgroup has delivered on their remit. An overview on the subcommittees and groups, where their remit forms part of the Clinical Governance Committee's overall delegated areas, was provided. It was advised that a statement from the Resilience Forum has been added to the report, for increased assurance, following the Committee's review of emergency planning over the previous year. The Integrated Joint Board's (IJB) Quality & Communities Committee Annual Assurance Statement was issued slightly later, due to the timing of the IJB's own committees,

and it was noted that it remains in draft until it has been through the IJB's own Audit & Assurance Committee and the full IJB.

Following a question from the Area Partnership Forum Representative, it was advised that the Health & Safety Policy includes detail on the linkages between the Health & Social Care Partnership and Acute Services groups/subcommittees, and the linkage will be made explicit at a forthcoming Health & Safety Subcommittee. It was advised that a new group formed within Acute Services have their first meeting in May 2023, and that this will be reflected in the next Annual Statement of Assurance for 2023/24.

The Chair requested clarity on where the Clinical Governance risk for the issue of central sterilisation decontamination units sits in terms of governance frameworks. It was advised that a Decontamination Group meets on a quarterly basis and risks and issues are discussed. The Decontamination Group's minutes go through the Infection Control Committee, which in turn reports to Clinical Governance Committee. It was reported that national work in relation to a significant lack of capacity of decontamination units across Scotland is being carried out through a national group who are exploring resolving the issue. It was agreed a briefing paper be provided to the Committee with further detail and timing for this report to be added to the workplan.

Action: Director of Property & Asset Management

Following a question from the Chair in relation to escalation of cases of cyber security system failure as detailed within the Digital & Information Board, the Associate Director of Digital & Information advised that all cyber security incidents are reported initially through the Cyber Security Steering Group and thence the Digital & Information Board on an ongoing basis. It was also advised that the majority of cyber security risks are moderate level, and work can be carried out operationally to ensure continuation of services for risks at that level. Incidents that are high risk would, however, be escalated through the Governance Committees. Ranking of incidents as high risk follow national guidelines related to severity and length of impact.

Following consideration of the reports, the Committee took **assurance** that each group has delivered on its remit in the reporting year.

6.2 Draft Clinical Governance Committee Annual Statement of Assurance 2022/23

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Clinical Governance Committee has met this through the 2022/23 financial year. The Clinical Governance Committee Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

The Chair commended the Board Secretary for the excellent report.

The Committee **approved** the draft Clinical Governance Committee Annual Statement of Assurance 2022/23, for final sign-off by the Chair and onward submission to the Audit & Risk Committee.

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director reported that there has been no significant change to corporate risks connected to the Clinical Governance Committee. It was explained that these risks are broad, and the frequency of change is longer than the Committee's bimonthly cycle. Major changes to risks would be presented to the Committee as deep dives.

6.3.1 Deep Dive - Optimal Clinical Outcomes

The Medical Director outlined the risk description for optimal clinical outcomes, noting that this risk is broad. Detail on the various strands and actions for this risk was provided, as detailed further in the paper.

A Haston, Non-Executive Member, questioned how the actions from the risk are being delivered, monitored and evidenced, given the broadness of the risk. The Medical Director explained that the level of risks for each action is being reviewed, and he noted that it is difficult to evidence all the work being carried out through the various programmes of work through a deep dive, and that this is being considered.

S Fevre, Area Partnership Forum Representative, stated that more detail on addressing inequalities and harder to reach groups within the deep dive would be helpful, and he highlighted that the complexities around the broadness of the risk is recognised. The Medical Director advised that some strands also sit within the Public Health & Wellbeing Committee.

K MacDonald, Non-Executive Member, queried how it is known that clinical outcomes are optimal. The Chair agreed and queried the risk mitigations that are in place.

The Chair questioned how to capture some of the Clinical Governance work around clinical safety, inequality, and clinical effectiveness, and building in prevention of clinical harm. The definition of the different types of risks was highlighted, and K MacDonald questioned if the types of risks can be made clearer in terms of those that are either intrinsic or within the NHS Fife Board's control.

It was agreed to hold a Clinical Governance Committee Development Session on Optimal Clinical Outcomes to discuss this in more detail.

Action: Medical Director/Board Committee Support Officer

The Chair thanked everyone involved in the deep dive for their hard work.

The Committee took **assurance** from the update.

6.4 Delivery of Annual Workplan 2023/24

The Clinical Effectiveness Manager highlighted any agenda items that have been deferred.

The Committee took **assurance** from the tracked workplan.

7. STRATEGY / PLANNING

7.1 Corporate Objectives 2023/24

The Chief Executive provided background information and noted that on a yearly basis corporate objectives are agreed for the year ahead to prioritise our focus, in addition to business-as-usual priorities. Through discussions, planning and our new Population Health & Wellbeing Committee and the four key strategic themes, the objectives reflect the highest levels of strategic corporate objectives aligned to the strategic priorities.

The corporate objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed, and individual Directors' objectives will flow from.

Following a question, it was advised that the corporate objectives will be incorporated and linked into the Corporate Risk Register.

The Chair queried where the safety, quality and clinical elements fit within the corporate objectives. The Chief Executive explained that this will form part of the roles and responsibilities of Directors as part of their overall responsibilities. Consideration will be given to the wording of the corporate objectives and cross-cutting actions to be more overt, and the Director of Pharmacy & Medicines suggesting adding a reference to the Clinical Governance Framework and Clinical Governance Framework to the corporate objectives to show the correlative link.

The Committee took **assurance** from the corporate objectives.

7.2 Advanced Practitioners' Review

The Director of Nursing outlined the main points of the paper.

A Haston, Non-Executive Member, highlighted the four pillars of advanced practice and queried where the gaps are and how this is addressed in terms of learning. The Director of Nursing reported that protected non-clinical time has been made available for Advanced Nurse Practitioners to progress their skills and knowledge. The Director of Pharmacy & Medicines explained the position in terms of the four pillars of advanced practice within pharmacy and agreed to share a paper which has been research-led from NHS Fife.

Action: Director of Pharmacy & Medicines

S Fevre, Area Partnership Forum Representative, stated that protected non-clinical time should be incorporated for all our staff to achieve and carry out training. The significant workforce implications were highlighted, and it was suggested to consider this at a national level.

The Chair queried if there are current risks or concerns associated with Advanced Nurse Practitioner roles and questioned what the risks and mitigating actions are. It was explained that part of the risk is the ability for staff to undertake Continuous Professional Development (CPD). In terms of the mitigation, it was advised that non-clinical time and clinical supervision has been important and ensures Advanced Nurse Practitioners are fully supported.

The Chair questioned the actions aligned to the Population Health & Wellbeing Strategy and queried if the strategy supports future planning around the Advanced Nurse Practitioner roles. The Director of Nursing explained that the Health & Social

Care Partnership's Strategic Plan forms part of the workforce planning, including the Advanced Practice toolkit, and is aligned to the Population Health & Wellbeing Strategy.

The Committee **acknowledged** the increase in Advanced Nurse Practitioners and trainee Advanced Nurse Practitioners across NHS Fife and **approved** and **supported** the launch of the Advanced Practice toolkit and Advanced Practice Forum.

7.3 Update on the Role of Assistant Practitioner

The Director of Nursing provided a positive update and advised that the first cohort of Trainee Assistant Practitioners have completed their first module. Positive feedback has been received from Fife College and the first tranche of participants. The trainees are now working towards completion of a Personal Development Award (PDA), and it is expected they will be fully qualified Assistant Practitioners by December 2023. The second cohort of staff commenced the programme with Fife College in April 2023, with another intake scheduled for August 2023. It was noted that there has been positive interest in the Assistant Practitioner role.

S Fevre, Area Partnership Forum Representative, queried how the effectiveness of the Assistant Practitioners is evaluated. It was advised that this is being discussed nationally through a workforce group, and there will also be a patient and staff evaluation from next year to provide feedback.

The support mechanisms in place for Assistant Practitioners was questioned by A Haston, Non-Executive Member, and it was advised that they will be part of the workforce, the appraisal system, policies & procedures, and they will be working towards a competency framework.

The Director of Nursing was commended for the report.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance in mind.

7.4 Public Protection, Accountability & Assurance Framework

The Director of Nursing outlined the key points in paper.

The Chair questioned if there were any current risks associated with public protection, in terms of the gaps that the Committee should be aware of. The Director of Nursing advised that a benchmarking exercise was carried out with other NHS Scotland Boards in terms of public protection, and gaps will be explored as part of the self-evaluation toolkit.

The Committee discussed, considered and examined the implications, and took **assurance** from the paper.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report

The Director of Nursing reported that S Braiden, Non-Executive Member, had met with some of the team to discuss the work that is ongoing nationally in relation to inpatient falls. It was reported that nationally there has been a proposal to change inpatient falls/falls prevention to safer mobilisation.

An overview was provided on inpatient falls, pressure ulcers, SAB, C Diff, ECB, complaints, and the quality improvement work, as detailed in the report. It was added that there is a determination from staff to improve and maintain safety, which is reflected in the data. It was suggested to add additional detail within the report to explain that there is not a negative impact on the quality of care, which is not apparent in the current version of the report.

An explanation was provided on the variation of C Diff infection rates.

It was agreed a meeting be set up to discuss improvement methodology from an active governance perspective, to include the Chair, Associate Director of Planning & Performance, the Director of Nursing and Medical Director.

Action: Director of Nursing

It was agreed an Excellence in Care presentation be brought to the next meeting.

Action: Director of Nursing

The Committee took **assurance** and examined and considered the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing advised that an infection control inspection by Health Improvement Scotland was carried out within the mental health wards at Queen Margaret Hospital and Whytman's Brae earlier in the year, and the formal report from that inspection will be brought to the next Committee meeting.

Action: Director of Nursing

The Chair requested detail on the impact and risks associated with not having a hand hygiene dashboard. The Director of Nursing advised that work is being taken forward within the Digital & Information team on alternative systems to capture the information. It was noted that the information is being captured at ward level and local level, and Infection Control Nurses are closely monitoring the data. The Director of Nursing agreed to discuss with the Infection Control Committee a more appropriate method of presenting the data.

Action: Director of Nursing

The Committee took **assurance** from the report.

8.3 Medical Devices Update

The Director of Property & Asset Management explained that medical devices now have a wider definition than traditionally was the case. It was reported that a Medical Devices Group has been formed, which will be clinically led, and draft Terms of Reference has been provided to the Committee for approval. It was noted a national group for medical devices has also been formed.

It was advised that there are a number of legislative changes forthcoming, mainly due to Brexit, and the identified areas for improvement were outlined. It was explained that in future years a single database, through the Scan for Safety programme, will be developed for all NHS Scotland Boards. The Medical Director noted that the introduction of this new technology is welcomed.

The Chair questioned if the Medical Devices Group will have a role in managing risks associated with medical devices and adverse events. In response, it was advised that there is work to be carried out in terms of the corporate approach, involving also external safety alerts, and assurance was provided that mitigating risks will form part of the group's remit. Assurance from the group will be provided to the Committee via their ongoing reporting to the Committee.

The Committee took **assurance** from the report and **approved** the Terms of Reference.

8.4 Integrated Unscheduled Care Report

The Medical Director spoke to the report and advised that performance continues to be significantly difficult, the reasons for which are not yet fully understood. It was reported that a number of initiatives have been undertaken to help performance, however, the results are not as expected, which is due to the high demand on our services. It was advised a large amount of work continues, and the Chief Executive thanked everyone involved for their hard work.

The Director of Acute Services reported that different approaches are being trialled at the front door of Victoria Hospital, and that there have been significant benefits for patients and staff through the various approaches trialled to date. Assurance was provided work continues for further refinements at the front door, which is expected to lead to improvements in the performance elements.

K MacDonald, Non-Executive Member, questioned if there were more meaningful measures that could be used to explain the care that is being undertaken and the improvement work that is taking place. The Medical Director explained the four-hour access target, and the Deputy Medical Director, Acute Services added that the patient experience could form part of a measure to drive change.

The Chair queried the risk and impact in terms of funding for the Flow & Navigation Centre. An explanation was provided on the financial gap, and assurance was provided that discussions are ongoing between the Medical Director, Director of Acute Services and Director of Health & Social Care in relation to delivery against funding.

The Chief Executive advised that the paper will be presented to the NHS Fife Board on the improvement work being undertaken for integrated unscheduled care, to provide additional assurance to the data within the IPQR.

The Chair commended the report.

The Committee **discussed** and took **assurance** on the work underway as part of the Unscheduled Care Programme.

8.5 Fatal Accident Inquiry

The Medical Director noted that the findings of the Fatal Accident Inquiry (FAI) is in the public domain, and the importance of acknowledging NHS Fife's response to the FAI was highlighted. It was note there were no specific recommendations from the inquiry for the Board to implement.

K MacDonald, Non-Executive Member, queried the governance route for the actions that were taken and identified prior to the FAI external investigation. In response, it was advised that local adverse event reviews were carried out after the incident.

The Deputy Medical Director, Acute Services reported that a paper has been requested to go through the Acute Services Clinical Governance Group to provide assurance that all actions resulting from the local adverse event review are being carried out.

The Deputy Medical Director, Health & Social Care Partnership provided assurance that NHS Fife is working closely with the Health & Social Care Partnership for a whole system approach.

The Committee took **assurance** that the Fatal Accident Inquiry has been responded to.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Experience & Feedback Report

The Director of Nursing advised that a complaints escalation standard operating procedure is being developed to support agreed national timescales. A complexity scoring matrix for complaints is being trialled and will support navigation around complaints.

K MacDonald, Non-Executive Member, congratulated everyone involved for all the efforts being made to improve the target and asked if this could be shared in the public domain. The Director of Nursing advised that an annual return in relation to complaints is submitted to the Scottish Public Services Ombudsman (SPSO), and the quarterly report supports this response. The quarterly report is also presented to the NHS Fife Board.

The Committee took **assurance** from the report.

10. ANNUAL REPORTS

10.1 Adult Support & Protection Biennial Report 2020-22

The Director of Nursing spoke to the report.

Following a question from the Chair, the Director of Nursing advised that discussions in relation to risk areas and gaps around adult support protection would take place through the Adult Protection Oversight Committee, who then feed into the Chief Officers' Public Safety Group (COPS), which the Chief Executive co-chairs. It was noted that that extensive work was carried out on an external review the previous year within the Health & Social Care Partnership.

The Committee took **assurance** from the report.

10.2 Radiation Protection Annual Report

The Medical Director reported that there are no significant issues to escalate and advised that the report details our internal governance arrangements for radiation protection. The report outlines activities undertaken across all of the sites who have x-ray devices, and that this also extends to other services such as nuclear medicine, lasers and MRI. It was advised that there is a Service Level Agreement (SLA) in place with NHS Lothian for Medical Physics Experts.

A Haston, Non-Executive Member, queried the detail on learnings in relation to patient safety and more detail on the audits being carried out. The Medical Director agreed to liaise with the Radiology team and provide a follow-up response via email.

Action: Medical Director

The Committee took **assurance** from the report.

11. LINKED COMMITTEE MINUTES

The Committee is asked to note the linked committee minutes:

- 11.1 Area Medical Committee held on 14 February 2023 (unconfirmed)
- 11.2 Area Radiation Protection Committee held on 31 August 2022 (unconfirmed)
- 11.3 Cancer Governance & Strategy Group held on 30 March 2023 (unconfirmed)
- 11.4 Clinical Governance Oversight Group held on 14 February 2023 (confirmed)
- 11.5 Digital & Information Board held on 19 April 2023 (unconfirmed)
- 11.6 Fife IJB Quality & Communities Committee held on 10 March 2023 (unconfirmed)
- 11.7 Health & Safety Subcommittee held on 10 March 2023 (unconfirmed)
- 11.8 Infection Control Committee held on 5 April 2023 (unconfirmed)
- 11.9 Information Governance & Security Steering Group held on 11 April 2023 (unconfirmed)
- 11.10 Medical Devices Group held on 8 March 2023 (unconfirmed)
- 11.11 Research, Innovation & Knowledge Oversight Group held on 27 March 2023 (unconfirmed)
- 11.12 Resilience Forum held on 1 March 2023 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate the Integrated Unscheduled Care paper to NHS Fife Board, to help complement the detail within the IPQR.

The Chair agreed to highlight to NHS Fife Board the Clinical Governance Committee Development Session that will be arranged around the deep dive on optimal clinical outcomes.

The Board Secretary advised that the Acting Chair of NHS Fife Board will request that Governance Committee Chairs provide a summary to NHS Fife Board of discussions at their previous Committee meetings, which will provide a further instance for the Board to get a summary of each Committee's recent business.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 7 July 2023 at 10am via MS Teams.

**Fife NHS Board
Confirmed**

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE
MEETING HELD ON TUESDAY 9 MAY 2023 AT 9.30AM VIA MS TEAMS**

**Alistair Morris
Chair**

Present:

A Morris, Non-Executive Director (Chair)

W Brown, Employee Director

A Grant, Non-Executive Director

Cllr D Graham, Non-Executive Director

J Kemp, Non-Executive Director

J Keenan, Director of Nursing

M McGurk, Director of Finance & Strategy

J Tomlinson, Director of Public Health

C Potter, Chief Executive

C McKenna, Medical Director

In Attendance:

N Connor, Director of Health & Social Care

B Hannan, Director of Pharmacy & Medicines

N McCormick, Director of Property & Asset Management

G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

C Dobson, Director of Acute Services

D Miller, Director of Workforce *(for item 5.2.1 only)*

H Thomson, Board Committee Support Officer *(for item 5.3 only)*

K Booth, Head of Financial Services & Procurement *(for item 7.2 only)*

K Donald, Executive Assistant to the Director of Finance & Strategy *(minutes)*

Chair's Opening Remarks

Members were advised that the meeting would be recorded via MS Teams to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from A Lawrie, Area Clinical Forum Representative.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 14 March 2023

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 Finance, Performance & Resources Committee Annual Statement of Assurance 2022/23

The Head of Corporate Governance & Board Secretary introduced the report, noting that each committee prepares an annual statement of assurance reflecting on the committee's business over the year. The paper will go to the Audit & Risk Committee, followed by the Board, to give assurance that the Committee has undertaken and delivered on all aspects of its remit. The Head of Corporate Governance & Board Secretary highlighted the paper will be included in the Committee's own induction pack, currently being created for new members, as it presents a good summary of the range of business the committee reviews annually.

Following a suggestion from A Grant, Non-Executive Director, members agreed that the language within section 4.2 be reviewed and updated.

Action: Head of Corporate Governance and Board Secretary

The Chair thanked the Head of Corporate Governance & Board Secretary for drafting such a comprehensive statement of assurance.

The Committee **approved** the report.

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, highlighting that in relation to risk 13, NHS Fife received additional resources from Scottish Government and confirmed NHS Fife brokerage requirement for the year ended 31 March 2023 was £9.7m. A number of corporate risks previously held a target date of 31 March 2023; however, a number of the risks are complex and will not be fully mitigated or resolved by this timeframe and as a result, target dates have been changed to reflect this within the paper.

The Director of Finance & Strategy further highlighted that following discussion the Executive Directors' Group, it was agreed the next iteration of the corporate risks paper would propose a refinement to the levels of assurance to indicate whether we can offer substantial, reasonable, limited or no assurance on risk mitigation. It was noted including this refinement to the level of assurance will align with how the internal audit team report on audit recommendations.

The Chair agreed the refinement of assurance levels would bring more clarity on the levels of assurance which can be taken in relation to risks presented.

The Committee took **assurance** from the report.

5.2.1 Deep Dive – Bank & Agency Work

The Director of Workforce joined the meeting and presented the bank and agency deep dive paper, noting the Bank & Agency Programme Board has been established and is reviewing the use of bank and agency staffing arrangements. The programme board is also working

with the services to help develop a model of operation to reduce bank and agency spend within the financial year.

Following a query from the Chair, it was noted that bank staff represent a necessary resource for the NHS, and fill gaps within the service which naturally arise through annual and other leave from substantive staff.

The Committee discussed the feasibility of removing all off-framework agency staff by the national deadline of 1 June 2023. The Director of Workforce highlighted this adjustment in agency work will be a culture change for Scotland and noted NHS Fife will continue to provide a full risk assessment to ensure staff and patient safety is maintained.

The Committee took **assurance** from the report.

After discussion, it was agreed the deep dive at the July committee meeting would revisit 'Bank and Agency Spend'. The September committee meeting will have a deep dive on 'Reviewing Critical Pathways'.

5.3 Review of General Policies & Procedures

The Board Committee Support Officer joined the meeting and presented the paper, highlighting an increase in updated general policies since the last paper to the Committee. It was highlighted that since the time of writing the report, a new Corporate Communications Policy has been submitted to the General Policies Group. This policy has been written to replace all existing communication policies including on-line communications and the all-staff email policy.

The Committee took **assurance** from the report.

5.4 Delivery of Annual Workplan 2023/24

The Director of Finance & Strategy presented the paper, noting the deep dives were pre-populated before this meeting, however they will be updated to reflect the agreement to prioritise the bank and agency review. After discussion, it was agreed that the carry-forward deep dive from 2022/23 'Primary Care Premises Strategy and the findings of this review' would also be reviewed at the Committee's September meeting.

The Director of Finance & Strategy further highlighted the 'Financial Position – Mid-Year Review 2023/24' agenda item will take place at the September 2023 Committee, instead of November 2023, and will be based on the month 5 position. The Committee agreed to the noted changes to the workplan, which will be updated appropriately.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/24

The Director of Finance & Strategy presented the paper, highlighting that this is being presented at all committees to gain feedback from members on whether the selected corporate objectives represent the appropriate areas of focus and are what members expected to see this financial year based on the current context and future outlook.

The Chair noted his approval of the objectives and requested members to provide any specific feedback directly to the Director of Finance & Strategy.

The Committee took **assurance** from the report

6.2 Annual Budget Setting Process 2023/24

The Deputy Director of Finance presented the paper, noting the grip and control schedule for directorates to complete is included for information. However, the paper does not contain the pay award, as confirmation on how the award will be processed is still being sought from Scottish Government.

Following a query from J Kemp, Non-Executive Director, it was noted the Vacancy Management Form (VMF) is used to recruit to a vacant post. The service with the vacancy will complete the form, which will go through the process of approval from their service level manager/general manager. Finance will confirm if funding is available for the post and will be sent onto HR to ensure all recruitment processes are in line, and the EDG Director responsible for the service that the post sits within will sign off the form.

The Committee took **assurance** from the report

6.3 Fife Capital Programme 2023/24

The Deputy Director of Finance presented the paper, highlighting that in 2022/23 NHS Fife were able to secure an additional £7m capital funding, resulting in a total of £30.7m capital funding available over the year. At this point in the year NHS Fife have only received confirmation of the £7.6m formula capital for 2023/24.

Following a question from A Grant, Non-Executive Director, it was highlighted that although no additional capital funding is currently available, NHS Fife will engage with Scottish Government and will take the opportunity to secure any additional resources that become available.

The Committee took **assurance** from the report

6.4 National Treatment Centre - Fife Orthopaedics

The Director of Nursing introduced the paper, noting that the National Treatment Centre for Orthopaedics was contractually completed on 10 March 2023 and put into operational use on 20 March 2023, with the official opening by First Minister Nicola Sturgeon held on 24 March 2023.

The Chair thanked everyone involved within the National Treatment Centre project and praised the work put in to allow the centre to be delivered on budget and on time.

The Committee took **assurance** from the report

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Acute Services provided an overview of the report, highlighting that high levels of attendance at the front door impacting on the four-hour access target are resulting in a challenging performance. Further improvement actions are ongoing with the establishment of the push model to relieve pressure within the Emergency Department.

Further improvement work has also commenced in April to maximise the use of the rapid triage unit to support AU1, as well as the establishment of a single admission pathway in AU1 designed to support flow and improve the access target. Performance remains generally difficult for NHS Fife, however, diagnostic performance has improved and an increase in robotic assisted surgery theatre sessions from one to three a week has assisted with the long waits.

Following a query from A Grant, Non-Executive Director, the Director of Acute Services noted that a forensic look at Acute Covid spend is required as well as reviewing other approaches to reducing costs within the Acute directorate, however it was highlighted this is very challenging.

The Director of Health & Social Care provided an overview of the Partnership section of the report, highlighting the percentage of bed days lost to standard delay has decreased from 5.8% to 4.6%, resulting in NHS Fife achieving the target for the first time since January 2021.

The Chair thanked everyone involved within the discharge teams and hubs for their efforts in improving performance.

The Director of Finance & Strategy provided an overview of the report which details the February position. Since the report was completed, an additional £6m was negotiated from Scottish Government, however this was not received until the middle of March 2023, which has reduced the year-end position to an overspend of £9.7m. It was noted that, of the £11.7m savings made in 2022/23, only £3m was delivered on a recurring basis, resulting in a significant legacy to address for 2023/24.

The Committee took **assurance** from the report.

7.2 Procurement Key Performance Indicators

The Head of Financial Services & Procurement joined the meeting and provided an overview of the report, highlighting that the procurement team have successfully recruited to several posts, which will result in an improvement within the customer response times.

Following a query from the Chair, the Head of Financial Services & Procurement noted work is ongoing to review all opportunities to deliver financial cost reduction in our procurable spend.

The Director of Pharmacy & Medicines noted there is a significant volume of procurement-related medicines savings that are reported separately via the Financial Improvement and Sustainability reports to the Committee.

The Committee took **assurance** from the report.

8. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

- 8.1 Fife Capital Investment Group held on 18 January 2023 (confirmed) & 1 March 2023 (confirmed)
- 8.2 Procurement Governance Board held on 22 February 2023 (unconfirmed)
- 8.3 Primary Medical Services Committee held on 7 March 2023 (unconfirmed)

8.4 IJB Finance, Performance & Scrutiny Committee held on 20 January 2023 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 11 July 2023 at 9:30am via MS Teams.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 15 MAY 2023 AT 10AM VIA MS TEAMS**

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Wilma Brown, Employee Director
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member Mansoor Mahmood (Non-Executive Member).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Wednesday 1 March 2023

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

5. GOVERNANCE MATTERS

5.1 Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Public Health & Wellbeing Governance Committee has met this through the 2022/23 financial year. It was noted this is the first full year report for the Public Health & Wellbeing Committee, following its establishment in late 2021. The Public Health & Wellbeing Committee's Annual Statement of Assurance will go to the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

The Committee **approved** the Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23 for onward submission to the Audit & Risk Committee.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health reported that work is being taken forward through the Risk & Opportunities Group, who have made two recommendations, supported by the Executive Directors' Group, that there will be an update to the target risk date to allow more modification on how risks are progressing, and that a development of the assurance levels is carried out.

It was reported there has been an increase to one risk, related to the Population Health & Wellbeing Committee. A Wood, Non-Executive Member, highlighted the importance of having a rationale around changes to risk targets, in relation to the Population Health & Wellbeing Strategy risk. The Director of Finance & Strategy agreed to coordinate a response outside the meeting.

Action: Director of Finance & Strategy

Following a question from the Chair, it was advised that the Primary Care Improvement Plan will be discussed at the Primary Care Oversight Group in late May 2023.

The Committee took **assurance** from the update.

5.2.1 Deep Dive – Primary Care Services

The Director of Health & Social Care reported that the deep dive has been discussed and considered by the Executive Directors' Group in detail.

It was advised that the focus for the Primary Care Services risk is around the recovery of Primary Care post-Covid, improving quality of Primary Care and making our Primary Care system be sustainable. It was advised that not all root causes are linked directly to Primary Care, such as health of the population and health inequalities, and work is being carried out to link risks and actions to other areas. An overview on the root causes and challenges was provided, as described in the paper, and it was reported that the management actions have been connected to the overall work of the organisation, with specific actions for Primary Care.

The Director of Health & Social Care provided detail on the current work that has taken place to manage the demand on services. A key focus on recovery and unmet needs

will be included within the Primary Care Strategy. The delivery plan will be brought to the Committee in July 2023.

It was advised that the action in relation to digital will include all parts of the service and providers within Primary Care Services. It was noted that there is a strong connection between the Workforce Strategy and Primary Care Strategy to ensure that workforce elements can be addressed.

An update on the health inequalities work, which is being targeted across the four domains of Primary Care, was provided, and it was advised that addressing health inequalities will be captured within corporate objectives this year. Engagement work will support and influence part of the Primary Care Strategy work.

The Deep Dive identified financial risk around resourcing within Primary Care, and discussions are underway across the sector to outline the challenges. It was noted this is not unique to Fife. The Primary Care Delivery Plan will cover all elements of the contractors, and not just Primary Care, and there will be sections and priorities included.

A draft, high level Primary Care Delivery Plan is being prepared and any additional actions will be included. Assuring the quality of services that are being delivered will form part of the plan and will become part of the deliverables, with regular progress reports to the Committee for the strategy and the delivery plan.

A Wood, Non-Executive Member, asked how the specific risks and mitigations for the four priority areas are managed, to assure that we have high quality sustainable services. In response, it was advised that the Primary Care Oversight Board will oversee and manage specific risks and mitigations and the Board includes representation from all of the providers. At an operational level, there are strong connections through the Primary Care Contractor Team.

The Director of Pharmacy & Medicines advised that there are existing business continuity arrangements for the operational aspects of the contractor groups, to ensure that there is adequate provision, and that there is a desire to make this medium to longer term in focus.

An explanation was provided on the challenging set of community pharmacy financial settlement negotiations that are ongoing for the financial year 2023/24, noting that there is a financial risk which could impact our strategies and provision within Fife.

The Chair queried which actions were in place to address the significant challenge, in relation to the transformation and quality improvement, through the Primary Care Improvement Plan. He noted that transformation will be critical in the delivery of our strategies. In response it was explained that transformation is included within the Primary Care Improvement Plan, which is reported to the Scottish Government. It was also noted that there are national priorities that have been outlined in the plan in terms of areas of focus. Concerns around delivery of transformation were discussed.

The Director of Pharmacy & Medicine noted that pharmacotherapy and community treatment and related models for care continue to be shaped and developed.

Discussion took place on the level of detail that the Committee require in terms of a deep dive, to provide sufficient assurance to the NHS Board. It was also noted that the Committee requires assurance in terms of levels of performance against targets. It was agreed that routine reports would go through governance routes, including the Primary Care Oversight Board, then to Committee for assurance.

Action: Director of Health & Social Care

The Committee took **reasonable assurance** from the actions being taken, noting further mitigating actions will be progressed following approval of the Primary Care Strategy and Delivery Plan in July 2023.

5.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan and agreed the order of deep dives will follow the pattern established over the last year.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/24

The Director of Finance & Strategy reported that the corporate objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed and individual Directors' objectives will flow from.

It was advised that the corporate objectives have been devised from our new Population Health & Wellbeing Strategy and the Strategic Performance & Resource Allocation (SPRA) process. The corporate objectives reflect the highest levels of strategic corporate objectives aligned to the four strategic priorities, and a new category of cross-cutting actions has been added. The Chief Executive reported that the strategic corporate objectives will drive forward the ambitions of the strategy. Consideration will be given to the wording of the corporate objectives to give more context in relation to the objectives being supported by a number of strategies and core programmes of work.

The Director of Public Health confirmed that there is a link to the work around improving health inequalities within the strategic priorities detail. It was agreed to include further detail for the NHS Fife Board report around what each of the four strategic priorities are intended to deliver, and to make an overt connection between each of the objectives, the corporate risk, and the relevant Governance Committees.

Action: Director of Finance & Strategy

The Committee took **assurance** from the corporate objectives paper.

6.2 Anchor Institutions: Update on Community Benefits Gateway

The Director of Public Health provided an overview of the key points from the paper and noted that the uptake for the Community Benefits Gateway portal for community groups and organisations nationally has not been as good as expected, with only one matched to suppliers in Fife. It was reported that following feedback from local community groups Fife Voluntary Action have developed locally a tailored digital

platform, which will sit above the national portal. It was noted that the development of this digital platform did not result in any additional cost to NHS Fife and the uptake from local community groups in Fife will be carefully monitored. The national team are fully supportive of the developments in Fife.

The Committee **noted** the progress of the Community Benefit Gateway scheme, **supported** the next steps outlined in the paper and **endorsed** the approach being taken.

6.3 Greenspace Strategy

The Director of Property & Asset Management reported that the paper outlines the detailed work being undertaken on the strategic direction and utilisation of NHS Fife's green spaces. The work undertaken to date was described. The key themes within the strategy were highlighted, and it was noted that the strategy aligns to the work of our Anchor Institution ambitions and the Leadership Summit work that was carried out with Fife Council. The ambitions will be published, and further engagement will be carried out via our partners and through the NHS Fife website, which will include encouraging the population to come forward with ideas on greenspace initiatives. It was noted positive feedback was received from the recent Grand Round presentation held on the subject.

The Chair commended the strategy and thanked all the team involved. The Director of Property & Asset Management extended a thanks to Jimmy Ramsay, Estates Compliance Manager, for all his hard work in this area.

The Committee **endorsed** the strategy for final approval at the NHS Fife Board meeting in May 2023.

6.4 East Region Health Protection Service: Implementation Update

The Director of Public Health highlighted the key points from the paper, which provided an update on progress and a change to the timeline for implementation of the service. It is expected that the necessary actions during this transitional stage will be concluded towards the end of June 2023 before setting a date for implementation of the service. The two areas of ongoing work include clarification of financial arrangements, which will be agreed through the Oversight Board, and engagement with the provider of the digital platform has now begun to gather pace with an options paper underway.

The Committee took **assurance** from the update.

6.5 Fife Partnership Board – Our Fife Leadership Summits

The Director of Public Health spoke to the key points within the paper, highlighting the work that has been underway and the workshops that had taken place over the winter period. It was reported that the Executive Directors' Group had reviewed the draft commitments, and they agreed further refinement and discussion is required. It was noted there is a commitment from NHS Fife to work closely with our partners.

A Wood, Non-Executive Member, queried how expectations will be managed around the potential financial benefits and pressures. The Chief Executive provided assurance

that the challenge around resources is recognised. She added that she attends the Fife Partnership Board meetings and co-chairs the Recovery Renewal Group, which reports into the Fife Partnership Board, and the operational detail, and aligning this work to our strategies, will be discussed further at both those meetings.

It was noted that discussions around community planning and the priorities of the local authority are being considered. The Director of Health & Social Care provided an update in terms of the connections, engagement, planning and priorities within the seven localities in Fife, and noted that the Health & Social Care Partnership will join the Fife Council Area Committees bi-annually to discuss priorities and opportunities.

The Committee **considered** the output from the summits and **discussed** the opportunities for future collaboration.

6.6 Primary Care Strategy Update

The Director of Health & Social Care reported that the paper details progress of the strategy, which will underpin both the Integrated Joint Board's Strategic Plan and the NHS Fife Population Health & Wellbeing Strategy. The strategy covers all of the independent contractors within Primary Care, and the paper provides a summary of the work carried out in relation to engagement with a wide range of stakeholders. Feedback from the engagement when developing the NHS Fife Population Health & Wellbeing Strategy has been incorporated into the Primary Care Strategy. The Primary Care strategic themes, challenges and priorities were highlighted. Assurance was provided that improvement work continues whilst the strategy is being developed.

The Medical Director highlighted the importance of the strategy and noted it is the first Primary Care Strategy to be developed in Fife. He also highlighted that the delivery plan will challenge the issues around General Practitioners, dentistry and community pharmacy. It was advised there are unique challenges, including some that are higher risk, for the various topics covered and those will be mapped through to the strategy and include SMART actions.

The Chair requested that timescales be added to some of the actions within the delivery plan.

The Committee took **assurance** of the approach being taken to complete the strategy supported by a delivery plan by July 2023.

6.7 Commonwealth Partnerships for Antimicrobial Stewardship

The Director of Pharmacy & Medicines reported that NHS Fife has been successful in attracting a grant to partner with two hospitals in Tanzania to enable shared learning on antimicrobial stewardship, which is a global issue. He highlighted the key points from the paper and provided assurance that the work supports NHS Fife's commitment to safe and effective health & wellbeing. It was noted this partnership will support addressing health inequalities on a global level, and the Director of Public Health highlighted the importance of connection with other countries, in terms of risk and implications, of global health threats such as the Covid pandemic.

The Committee considered this report for **assurance** regarding this strategic partnership for NHS Fife.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Health & Social Care advised that the performance levels regarding the smoking cessation service for 2022/23 will be available in August 2023. The latest data presents a slightly above-average position when comparing Fife with national data. It was advised the description around the smoking cessation work will be enhanced.

It was reported that an excellent Public Health & Wellbeing Committee Development Session had taken place in April 2023, and in depth discussions took place on Child Adolescent and Mental Health Services (CAHMS) and Psychological Therapies (PT) performance.

An improved position for CAHMS was reported, and it was advised that there were no children or adolescents waiting over 35 weeks, and 89% are waiting less than 18 weeks. Challenges continue due to staffing levels and a number of variables that affect the sustainability of maintaining the target.

In terms of PT, it was reported balancing new patients with addressing the backlog is being carried out, and there continues to be an ongoing challenge in performance, however, the number of patients being treated is high. Progress updates will continue to be provided on a monthly basis through the IPQR on work that is ongoing, both around supporting access and workforce challenges, which will continue to be monitored.

Following a question, the Director of Health & Social Care reported that discussions are underway in relation to sharing lessons learned in terms of the work that was carried out in reducing long waits for CAHMS, and applying these to PT. It was noted the backlog and longest waits are higher for PT than CAHMS.

The Director of Public Health reported on immunisation, advising that there is a three-month lag in the data, due to national release dates. The target was met for the 6 in 1 immunisation in December 2022, however it was noted this target has not been continually achieved. A slight reduction against the target for the MMR2 immunisation was reported. It was noted challenging targets are set for immunisations.

Following a question, the Director of Public Health advised there is no routine method of gathering information from parent/carers on why children/adolescents have not been brought forward for the MMR2 vaccination. A Quality Improvement Group was established in September 2023 and they are exploring evidence based interventions to improve uptake and actions to be taken forward. The Director of Health & Social Care added there is active promotion for vaccinations through our Health Services, and she suggested this could feed into the Quality Improvement Group.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

7.2 No Cervix Exclusion Audit

The Director of Public Health spoke to the report and provided a position statement. It was advised that the issue described in the paper was identified by the National Screening Programme and a national audit is underway. The first stage of the audit in Fife resulted in 191 records being reviewed, and none of the 191 patients whose records were audited were found to have come to harm as a result of their exclusion from cervical screening. The second stage of the audit is now underway and it is a much larger exercise. It was noted that the programme of work have done a large amount in preparation for the audit, and a database has been created for the collation and scrutiny of data. A team is being formed in Fife to review the information. It was also reported that 90% of the requested funding for the programme is being provided from the Scottish Government.

A Wood, Non-Executive Member, queried the implications for people in terms of the timelines for addressing the issue. It was advised that the audit is being carried out to review the implications, and further detail is provided within the background section within the paper. Assurance was provided that no harm to patients has been identified from the outcome of the first part of the audit.

A Wood, Non-Executive Member, also queried capacity in terms of the number of colposcopies to be carried out and questioned if outsourcing is being put in place from a national perspective. In response, it was advised that there are concerns around the number of colposcopies to be carried out and a bid has been submitted to cover the cost of those clinics.

The Committee took **assurance** from the update.

7.3 Spring Booster Campaign

The Director of Health & Social Care reported that the paper provides an update on the Spring booster campaign for the Covid-19 vaccination programme. Assurance was provided that all elements of the campaign have been covered and are being delivered. It was reported there will be an active focus on health inequalities, and an overview on the inclusivity work, including action plans, was provided. The Director of Public Health noted that there will be opportunities through working with third sector organisations and the quality improvement group for immunisation, to recognise and address barriers for people.

A Wood, Non-Executive Member, commended the inclusion of the inequalities information within the report.

The Committee took **assurance** from the report.

8. ANNUAL REPORTS

8.1 Adult Support & Protection Biennial Report

The Director of Nursing highlighted the key points from the report.

The Chair queried if Covid had an effect on the increase in the number of referrals, in terms of people having spent time in isolation during the pandemic, and if there has

been an increase in harm due to potential mistreatment of people during the isolation periods. The Director of Nursing advised that domestic abuse rates were considered, and the increase was not due to this factor. She advised that spending time in isolation was an influencing factor on the number of referrals made. More training and communications in relation to adult support & protection has been carried, which has increased reporting.

The Committee took **assurance** from the report.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

9.1 Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

9.2 Portfolio Board held on 9 February 2023 (confirmed) & 9 March 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Monday 3 July 2023 at 10am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in May 2023

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Assessment**
Summary assessment for indicators of continual focus.
- d. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
16 May 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with some risks requiring daily assessment.

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Mar-23	43	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Mar-23	27.6%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	Mar-23	7.27	○	▲	▼	●
	Inpatient Falls with Harm	1.65	Month	Mar-23	1.43	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Mar-23	1.06	○	▲	▲	●
	SAB - HAI/HCAI	18.8	Month	Mar-23	19.7	○	▼	▼	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Mar-23	6.6	○	▲	▲	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Mar-23	26.2	○	▲	▲	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Mar-23	57.1%	●	▲	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Mar-23	13.2%	○	▲	▼	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Mar-23	13.3%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	◀▶	◀▶	● Feb-23
	4-Hour Emergency Access	95%	Month	Apr-23	72.7%	○	▲	▼	● Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Mar-23	47.5%	●	▲	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Mar-23	52.0%	●	▲	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Mar-23	54.6%	●	▼	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Mar-23	93.3%	○	▲	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Mar-23	72.2%	○	▲	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Apr-23	84.8%	●	▲	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Apr-23	8.4%	●	▲	▲	● QE Sep-22
Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-23	4.3%	○	▲	▲	● QE Sep-22	
Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022	
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Mar-23	(£9.7m)	●	—	—	●
	Capital Resource Limit Performance	£30.7m	Month	Mar-23	£30.7m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Mar-23	6.76%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Apr-23	38.3%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Dec-22	232	●	—	—	● YT Jun-22
	CAMHS Waiting Times	90%	Month	Mar-23	91.1%	○	▲	▲	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Mar-23	72.5%	○	▲	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.5%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-22	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
◀▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
Major & Extreme Adverse Events	<i>70% of Action from Major and Extreme Adverse Events to be closed within time</i>	70%	27.6%
<p>There were 42 major/extreme adverse events reported in March of a total of 1,371 incidents. Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme incident reported.</p> <p>There were 8 actions relating to LAER/SAER in March closed within time, from total of 29 closed, 55.6%. As of 1st March, there was a total of 362 actions open with 47 (13%) being within time.</p>			
HSMR		1.00	0.97
<p>Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.</p>			
Inpatient Falls	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	6.91	7.31
<p>The number of inpatient falls decreased to 214 in March from 226 month prior. The number in Acute Services dropped to 89, first time below 100 since August last year. HSCP number increased to 125, the highest since October when 129 was reported. The rate per 1,000 occupied bed days (OBD) reduced below 24-month average and was the lowest rate since August, which is the last month target was achieved.</p> <p>The majority of falls in the last 3 months (76%) were classified as 'No Harm' with further 19% 'Minor Harm'. Major/Extreme Harm accounted for <3% of the total falls between January and March 2023.</p> <p>The overall rate for 2022/23 was 7.49 per 1,000 OBD which is lower than rate achieved in 2021/22. However, the number of falls was higher in 2022/23 compared to year previous.</p>			
Pressure Ulcers	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	0.89	0.99
<p>The rate of pressure ulcers reduced in March to under 1.00 per 1,000 occupied bed days, first time since November. Most pressure ulcers continued to be in Acute Services; 88 between January and March 2023 compared with 14 in HSCP.</p> <p>There were slightly more falls in 2022/23 compared with 2021/22 but rate was lower. In Acute Services, 2022/23 rate was 1.88 compared to 2.01 year prior with HSCP marginally higher.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	19.7
<p>The SAB infection rate varies from month to month and has been below the March 2023 target in 8 of the last 12 months. Of the 53 HAI/HCAI reported in last 12 months (infection rate of 17.7), 13 have been categorised as VAD with 9 'Skin and Soft Tissue', while 13 have been categorised as either 'Other' or 'Not Known'.</p> <p>The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 15.7 against a Scottish average of 17.1.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	6.6
<p>The C Diff infection rate varies from month to month but has been above the March 2023 target for much of FY 2022/23. There have been 11 infections reported over the past 3 months, compared with 5 for the corresponding period year previous, rate of 12.3 compared to 5.8. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 8 of the 49 HAI/HCAI and Community infections in the past year being identified under this category.</p>			

		Target	Current
<p>The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife had the second lowest infection rate (10.1) of all Mainland Health Boards, Scottish average 13.1.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	26.2
<p>Number of infections decreased in March to 8, with rate again back below target. This has now been achieved in 4 of the last 5 months. Quarterly rate was below target and lower than corresponding period year previous, rate for 2022/23 was slightly above target at 33.9.</p> <p>Urinary Catheter-related infections have been responsible for 32 of the 121 infections in the last year (25.6%) and remains a key focus for improvement work.</p> <p>The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife (36.9) lay in the mid-range of Mainland Health Boards, slightly above the Scottish average (36.2).</p>			
Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	13.2%
<p>There were 42 stage 2 complaints received in March, all but one acknowledged within timescales, with 38 closed. Of those closed, 5 (13.2%) were within timescales with 23 greater than 40 days after deadline. 30 complaints were due in the month with of 4 (13.3%) closed on time.</p> <p>61% of open complaints have been open for more than 40 days with 36% more than 80 days.</p>			

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	72.7%
<p>April performance has increased to 72.7% from 69.7% in March (which mirrors the increase seen in Jan-Feb 2023) but remains lower than this time last year. Performance in VHK has increased to 64.7% from 60.7% showing a similar pattern to the overall picture.</p> <p>Unplanned attendances per day remain static at 231 (compared to 230 in March). The number of 8-hour breaches has dropped to 529 in April from 740 in March; and 12-hour breaches dropped from 220 to 144: but both remain notably higher than numbers reported at the same time last year.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	47.5%
<p>March performance has increased slightly to 47.5% from the February low of 44.9%. The waiting list continues the same steady upward trend. The number of patients waiting over 12 weeks has fallen slightly from 3,597 (Feb) to 3,512 (Mar). Those waiting over 78 weeks has seen a steep rise from 57 to 71 over the same months. Those waiting over 104 weeks has dropped to 13, the lowest since Jun 2022.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	52.0%
<p>Monthly performance has increased again from the low of 45.6% in Jan 2023; to 46.6% in February; and now to 52% in March. The number of patients waiting less than 12 weeks has increased from 12,124 in Feb 2023 to 13,811 in Mar 2023: but all other waits in that same timeframe have seen reductions ('Over 12 weeks' has reduced by 8.4%; 'Over 26 weeks' has reduced by 4.5%; and 'Over 52 weeks' has reduced by 13.6%)</p> <p>The waiting list has increased slightly (26,560) but remains below the recent highs seen in Sep 22 (26,816), Oct 22 (27,309) and Jan 23 (26,642).</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	54.6%
<p>Monthly performance has dipped again to 54.6% which is lower than Jan 23 (55.3%) but not as much as the recent low seen in Dec 22 (53.3%).</p> <p>All waits saw an increase from February to March but, notably, the number of patients waiting over 26 weeks increased by 33% (to 2249 from 1691) and those waiting over 6 weeks increased by 23.7% (to 3949 from 3193).</p> <p>The waiting list continues to increase, though not as steeply as was seen between Jan-Feb 2023.</p>			
Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	93.3%
<p>Following the significant low seen in Feb 2023, monthly performance has rebounded from 90% to 93.3% which is similar to the level seen in Jan 2023 but still below the target of 95%. There were 29 breaches in QE March 2023 with 82.7% attributable to Urology (16 breaches were for Prostate).</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	72.2%
<p>Monthly performance has increased to 72.2% in March 2023 from 66% in Feb 2023 though remains significantly lower than this time last year. In the last quarter, 51 of all breaches (71.8%) related to Prostate which is an increase on QE February 23 (60%).</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	4.3%
<p>The % of bed days lost to 'standard' delays has again achieved target, decreasing further from 4.6% to 4.3% and again this is better than the same time last year (2.2% lower) and this equates to 560 bed days less in delay.</p> <p>Daily average for bed days lost to 'Code 9' delays has decreased to 40.7 from 43.2 in March 23.</p>			

FINANCE



To deliver value and sustainability

6



Moderate

Forecast Current

Revenue Expenditure

Work within the revenue resource limits set by the SG Health & Social Care Directorates

(£10.4m)

(£9.7m)

The NHS Board financial position for the year to 31st March 2023 is in line with projections and meets Scottish Government requirements to spend within Revenue and Capital resource limits.

- A break even position against Revenue Resource Limit after brokerage of £9.738m
- A break-even position against Capital Resource Limit
- Cash target achieved with a closing bank balance of £0.466m at 31st March 2023

The financial position remains subject to review and confirmation by our external auditors, Azets, as part of their year-end review of Annual Accounts which is currently underway.

Capital Expenditure

Work within the capital resource limits set by the SG Health & Social Care Directorate

£30.7m

£30.7m

The overall anticipated capital budget for 2022/23 is £30.658m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to March records spend of £30.709m. The variance of £0.051m is the net book value of equipment disposed in year and when netted off against the gross capital expenditure incurred in year secures achievement of the Board's Capital Resource limit in full.

STAFF GOVERNANCE



To improve staff
experience and
wellbeing

2



Moderate

	Target	Current
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Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.76%

The sickness absence rate fell in March to 6.76%, a third successive monthly decrease and lowest percentage since October. Despite recent decreases, percentage in March 2023 was still over 1% higher than March 2022. COVID-19 related absence, except for the infection control period, has been included within sickness absence figures since September.

Reductions were reported across all main Directorates/Divisions except for Planned Care in Acute Services and Community Care and Primary & Preventative Care within HSCP. The latter continues to have lowest sickness absence of all report Directorates/Divisions. The national picture (from monthly management information) shows that NHS Fife (6.11%) had the 4th highest absence rate of all Mainland Health Boards for the 12 months ending February 2023. The Scottish average was 6.14%.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

38.3%

Compliance has increased to 38.3% in April, highest reported since inclusion in IPQR, an increase of 0.4% from month prior.

Compliance was highest in WCCS in Acute Services with Complex & Critical Care in HSCP also over 50%. Lowest compliance within Corporate Directorates and Emergency Care within Acute, both less than 25%.

The number of reviews held in April was considerably less than previous month (390) but still second highest count in 13 months displayed.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	354 (Dec)	232 (Dec)
<p>There were an additional 14 successful quits in December, taking the cumulative total thus far to 232 for 2022/23: however, the monthly figures continue to drop and 14 is the lowest monthly figure for the whole year (previous low was 17 in Aug 2022).</p> <p>Achievement against trajectory to November is 65.5%.</p> <p>For all quit attempts, the quit success rate in specialist services continues to be significantly higher than other services.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	91.1%
<p>Monthly performance continues to trend upwards as it has done since Dec 2022 and is now above target at 91.1%. This is the first time this has been achieved and the highest since Aug 2021.</p> <p>The percentage of young people waiting less than 18 weeks to commence treatment is at its highest level since these records began in Apr 2018. For the fourth month running, no young people are having to wait for more than 35 weeks for treatment and the percentage of those waiting for more than 18 weeks continues to drop (though is still considerably higher than the same time last year). There was a notable increase in the number of referrals received in Mar 2022 with the trend showing a gradual increase since Sep 2022 but the number of open cases has remained steady since that time.</p> <p>The waiting list continues to increase steadily from the low of 188 in Nov 2022 and, at 280, is now slightly higher than it was in Apr 2022, though still less than the previous high of 495 in Mar 2022.</p> <p>Quarterly publication of health board comparison figures will not be available until the next reporting period.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	72.5%
<p>Performance has increased from the low reported last month and is now back within control limits. The number of patients treated within 18 weeks is notably lower than the high seen at this time last year.</p> <p>The number of referrals (of all ages) has seen a particular increase since last month which mirrors a similar increase seen in Mar 2022, though not as high.</p> <p>The waiting list shows an increase, continuing a steady trend upwards since Jan 2023 but still remains considerably lower than the high seen this time last year. The number of patients waiting more than 52 weeks continues to drop; the number of patients waiting 36-52 weeks remains steady; and those waiting up to 36 weeks is increasing, though waits of up to 18 weeks are lower than this time last year.</p> <p>Quarterly publication of health board comparison figures will not be available until the next reporting period.</p>			
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.1%
<p>The latest published data (for quarter ending December) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 95.1%, above target, however this hasn't been achieved in consecutive quarters since between June 2019 and September 2020. PCV uptake also exceeded 95% with MenB slightly below, Rotavirus uptake was lowest at 12 months of age at 92.7%.</p> <p>Uptake at 12 months for 6-in-1 in NHS Fife was slightly lower than national average and ranked 7th out of 11 mainland NHS Boards.</p> <p>A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.</p>			
Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	86.3%
<p>The latest published data (for quarter ending December) shows that NHS Fife uptake for MMR2 at 5 years of age had decreased to 86.3%, was 88.4% quarter previous. Lowest uptake achieved since March 2019 with peak uptake of 91.1% in September 2021. MMR1 and Hib/MenC uptake exceeded 95% with 4-in-1 uptake similar to MMR2.</p>			

Uptake at 5 years for MMR2 in NHS Fife was lowest of all mainland NHS Boards, one of three achieving less than 90%, highest uptake was 95.5%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

d. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	12
HSMR	13
Inpatient Falls (With Harm)	14
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Delayed Discharges	25

Finance, Performance & Resources: Finance

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Staff Governance

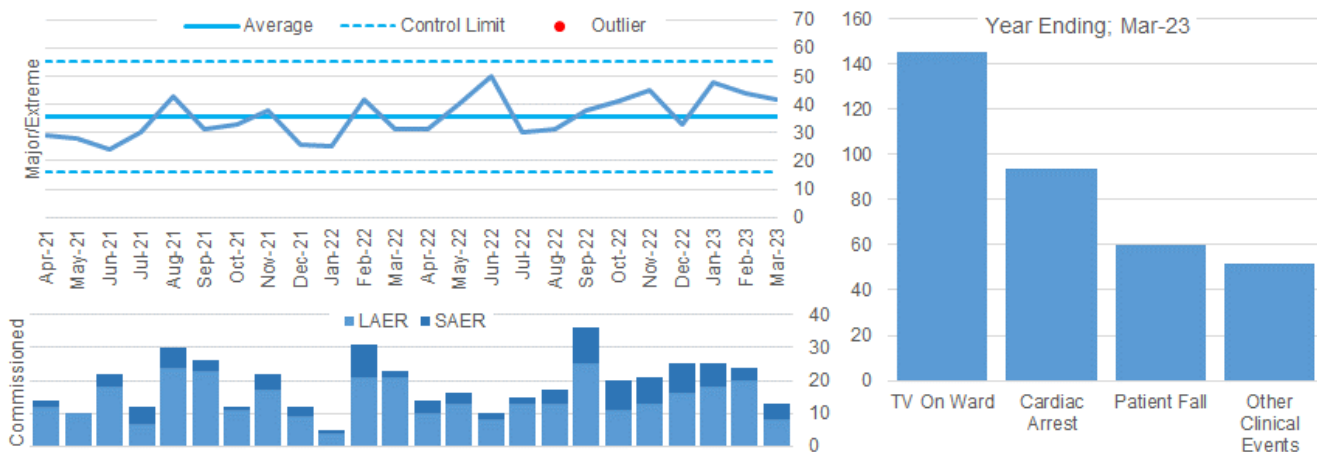
Sickness Absence	35
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Public Health & Wellbeing

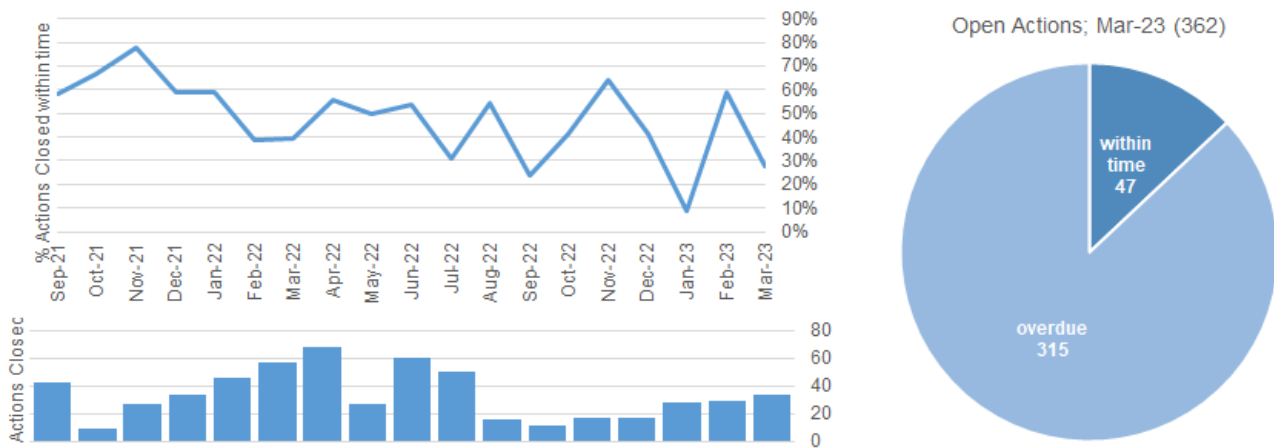
Smoking Cessation	37
CAMHS 18 Weeks Referral to Treatment	38
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Child Immunisation: 6-in-1, MMR2	40

CLINICAL GOVERNANCE

Adverse Events	Number 42
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Actions from Significant and Local Adverse Event Reviews	Closure Rate 27.6%
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Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 Complete
Key Milestones	Review of Policy	Dec-22 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 Complete
	Training and Education	Mar-23 Complete

HSMR

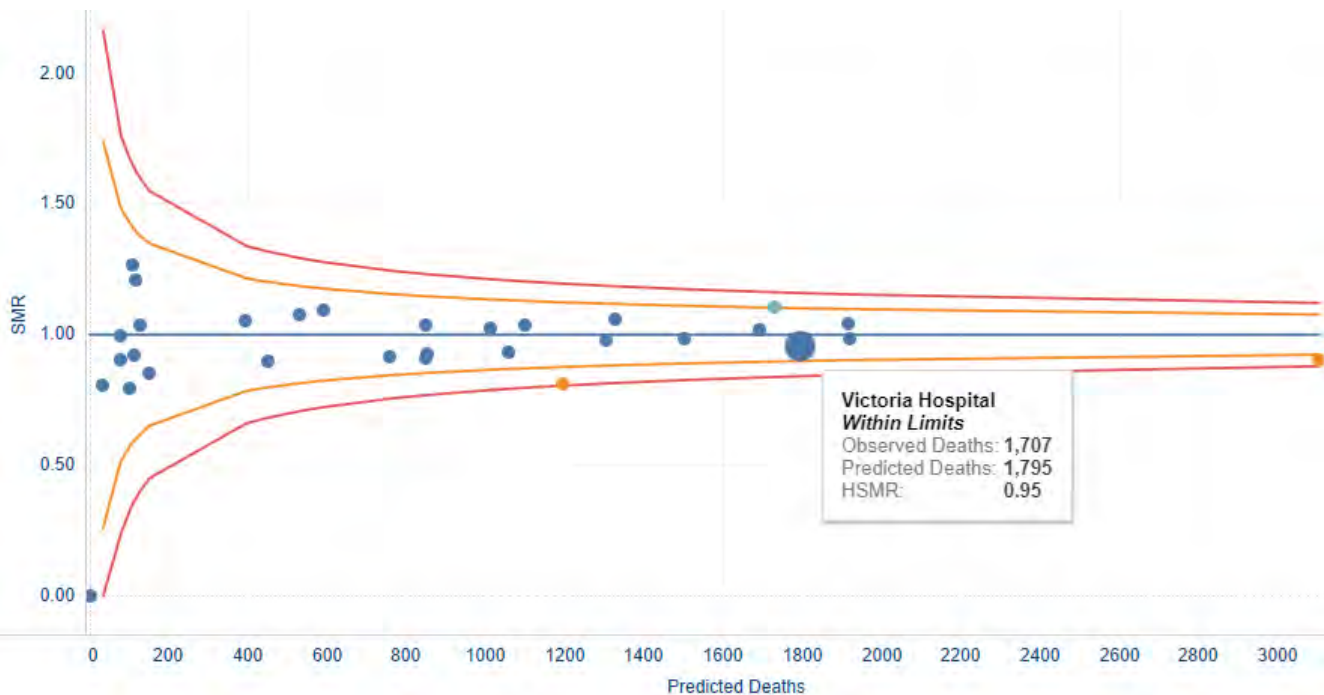
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Performance
0.97

Reporting Period; January 2022 to December 2022^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.

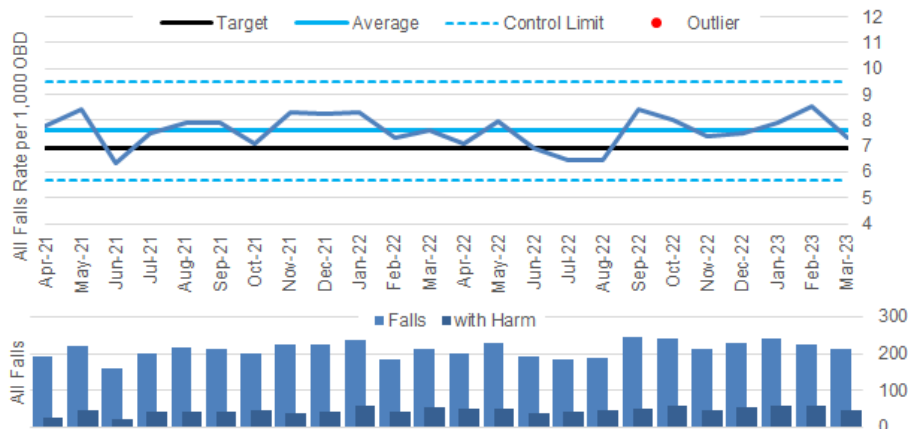
CLINICAL GOVERNANCE

Inpatient Falls

*Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2023) = 6.91 per 1,000 OBD*

**Performance
7.31**

Local Performance



Performance by Service Area

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	7.62	7.13	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.50	7.91	8.54	7.31
Acute	7.10	8.25	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.34	8.29	10.14	6.75
HSCP	8.08	6.14	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65	7.58	7.21	7.76

Key Deliverable

Reduction in number of Patient Falls in order to achieve specified reduction target in this FY

End Date

Mar-24
At risk

Key Milestones

Refresh Falls Champions Register and Network	Sep-23 On Track
Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Sep-23 On Track
Develop an Audit programme for 2022/23	Jun-22 Complete
Review and refresh Falls Toolkit	Apr-23 Complete
Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Apr-23 On track
Review LEARN summaries to support shared learning	May-23 On track
Explore feasibility of implementation of Falls module on Patient Trak	Apr-23 Suspended
Explore QI resource to support clinical staff and enhance local improvement work	Apr-23 Complete

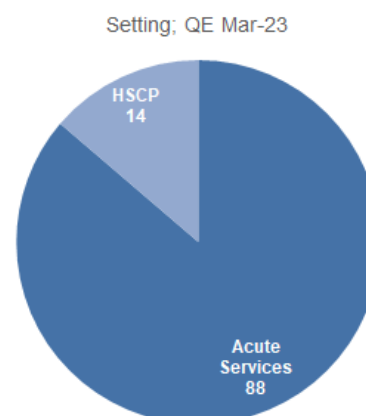
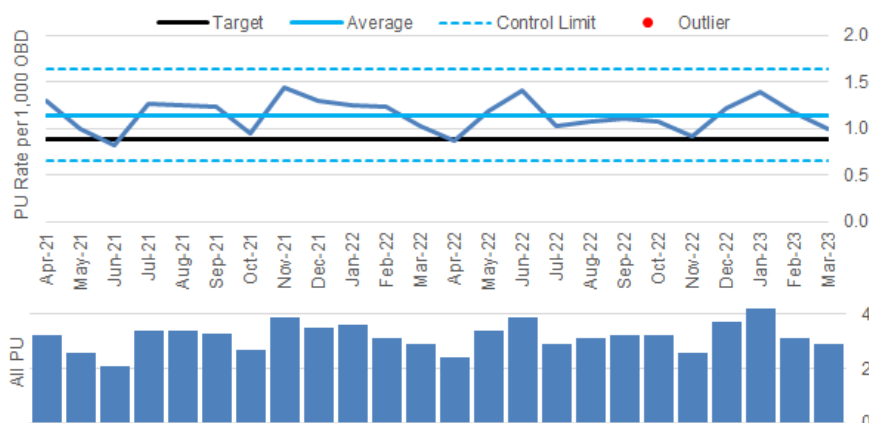
CLINICAL GOVERNANCE

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2023) = 0.89 per 1,000 OBD

Performance
0.99

Local Performance



Performance by Service Area

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.07	0.91	1.22	1.39	1.17	0.99
Acute	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.97	1.28	2.20	2.46	2.41	1.82
HSCP	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32	0.44	0.14	0.31

Key Deliverable

Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY

End Date

Jun-23
Off track

Key Milestones

Refresh PU Link Practitioner Register and Network	Oct-22 Complete
Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 Complete
PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
PU Documentation Audit to support compliance	Mar-23 On track
Review LEARN summaries to support shared learning	Mar-23 On track
Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 Suspended
Establish an operational TV group	Mar-23 Complete
Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
Develop and test electronic PURA and SSKIN bundle on Patienttrack	Oct-22 Complete
Embed the use of the CAIR resource	Jun-23 At Risk
Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 Complete
Develop a training and education plan	Oct-22 Complete

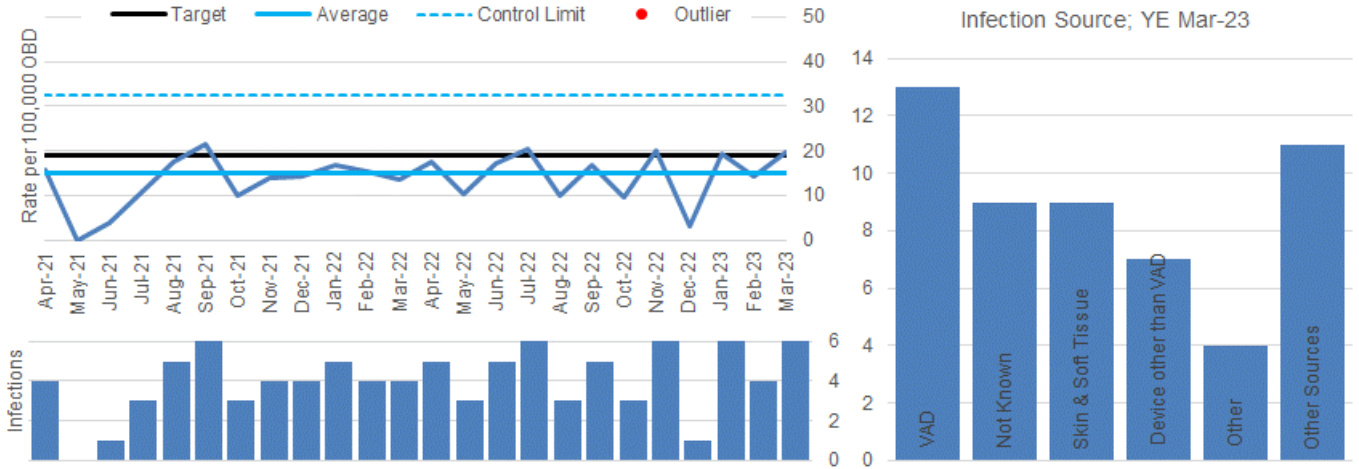
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
19.7**

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 On track
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 On track

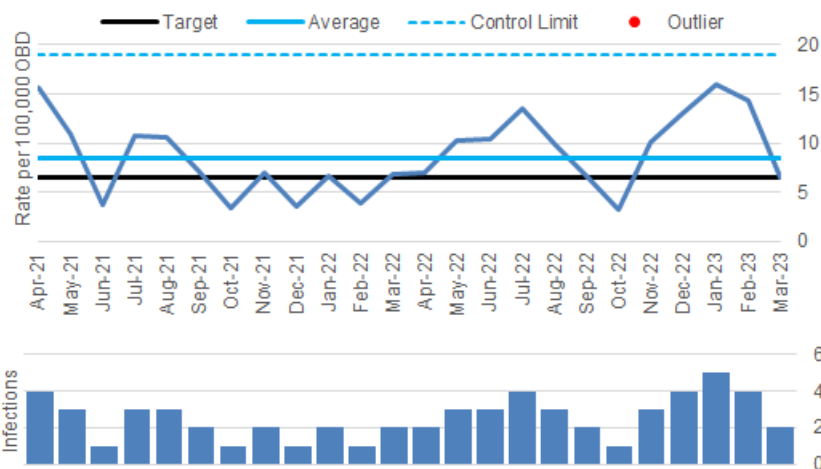
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

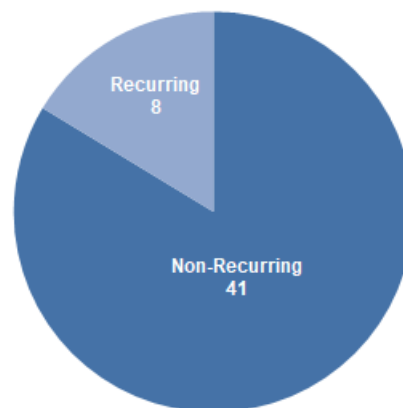
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
6.6**

Local Performance



Recurrence; YE Mar-23



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 On track
	Reduce overall prescribing of antibiotics	Mar-24 On track
	Reducing recurrence of CDI	Mar-24 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 On track
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 On track

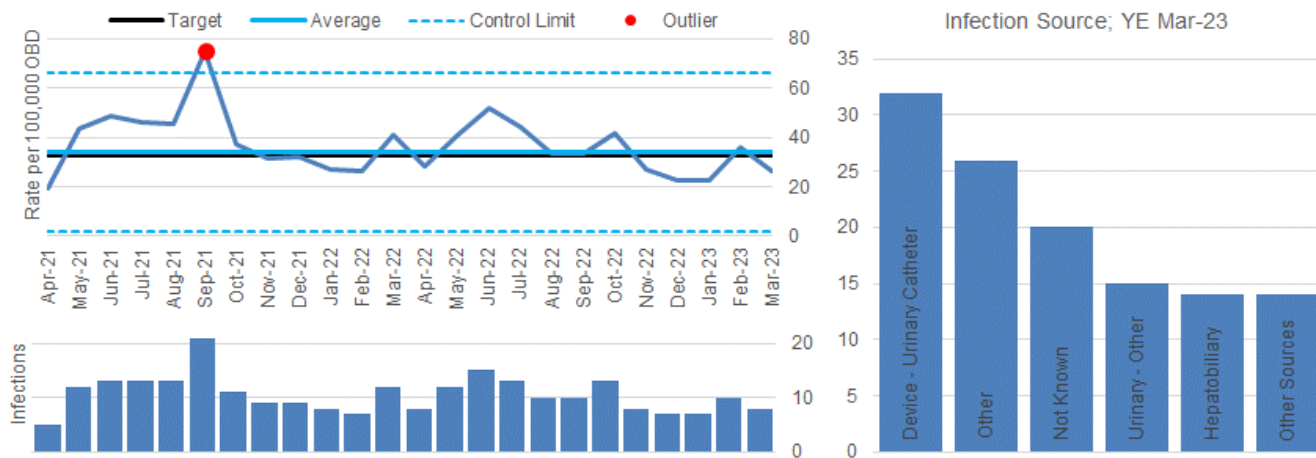
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
26.2**

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22			2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2

	Key Deliverable	End Date
	Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 On track
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout	Oct-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-24 At risk
	Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 On track
	IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 On track

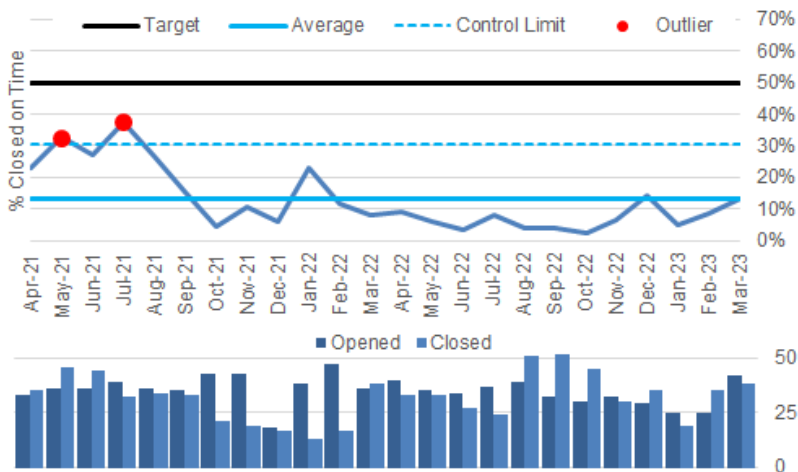
CLINICAL GOVERNANCE

Complaints | Stage 2

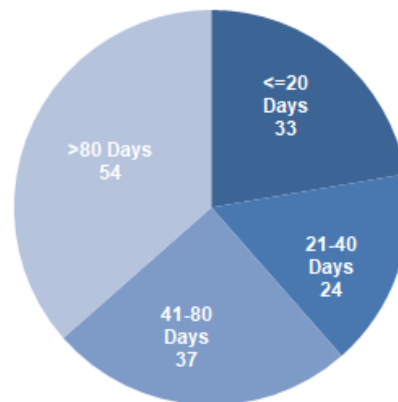
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
13.2%

Local Performance



Open Complaints; Mar-23



Performance by Service Area

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	Opened in Month	40	35	34	37	39	32	30	32	29	25	25	42
	% Acknowledged on time	92.5%	71.4%	76.5%	81.1%	87.2%	90.6%	96.7%	93.8%	96.6%	96.0%	100.0%	97.6%
	Due in Month	37	49	32	30	47	37	21	30	27	32	31	30
	% Closed on time	5.4%	4.1%	6.3%	3.3%	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	12.9%	13.3%
	Closed in Month	33	33	27	24	51	52	45	30	35	19	35	38
Acute	% Closed on time	9.1%	6.1%	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.6%	13.2%
	Closed in Month	25	22	20	14	43	34	29	22	26	17	24	23
HSCP	% Closed on time	12.0%	4.5%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	12.5%	13.0%
	Closed in Month	7	11	7	10	6	16	16	7	9	2	10	15
	% Closed on time	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%

Key Deliverable

End Date

Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)

Mar-24
Off track

Adherence to NHS Fife's Participation and Engagement Framework

Mar-23
Complete

Rebrand Patient Relations to Patient Experience Team

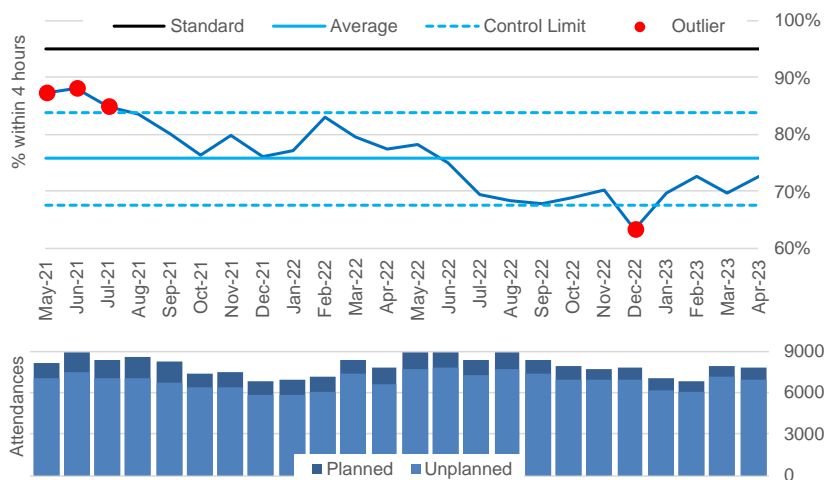
Dec-22
Complete

4-Hour Emergency Access

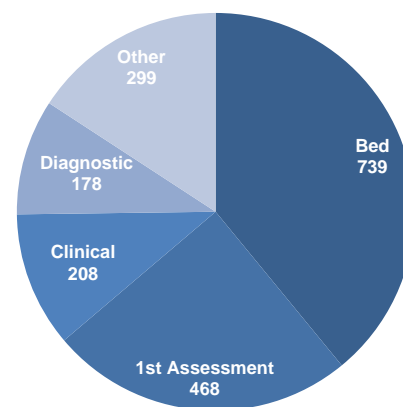
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
72.7%

Local Performance



Breach Reasons: Apr -23



National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	78.2%	74.9%	69.3%	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.7%	72.7%
Scotland	73.0%	71.3%	70.0%	69.6%	69.0%	67.6%	67.5%	62.1%	68.7%	69.7%	0.0%	0.0%

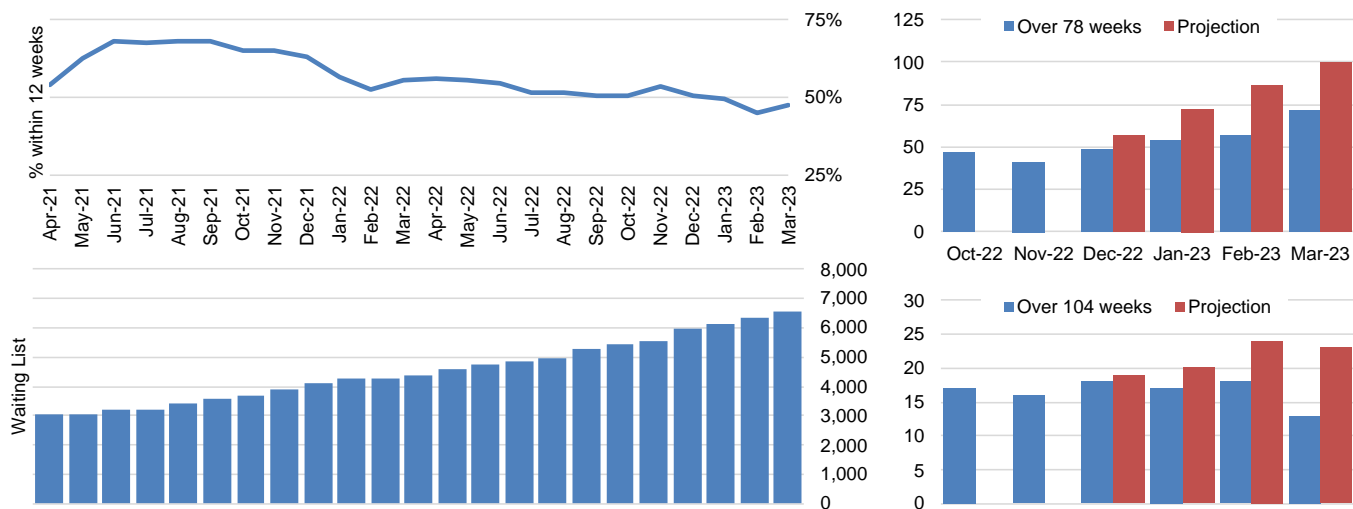
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Aug-23 At risk
Key Milestones	Review AU1 assessment area	Aug-23 On track
	Enhance pathways into ECAS	Aug-23 On track
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Sep-23 Off track
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Sep-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Sep-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 Complete
Redesign of Urgent Care in close working with partners		Aug-23 On track

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Performance
47.5%

Local Performance



National Benchmarking

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%	44.9%	47.5%
Scotland	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	33.0%	33.5%	31.0%			

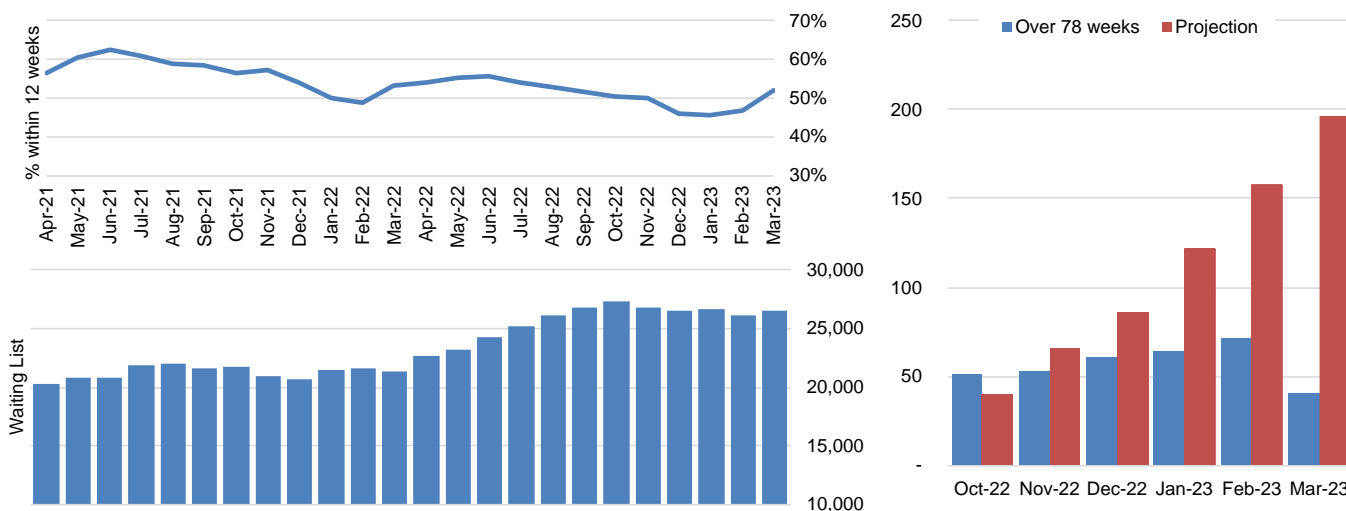
Key Deliverable	End Date
Reducing long waits; TTG	Mar-24 At risk
Preassessment	Mar-23 Complete
Elective Orthopaedic Centre	Mar-23 Complete
Maximise utilisation of QMH Theatres	Jul-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 Complete

New Outpatients

Performance
52.0%

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



National Benchmarking

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%	46.6%	52.0%
Scotland	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	47.0%	44.1%			

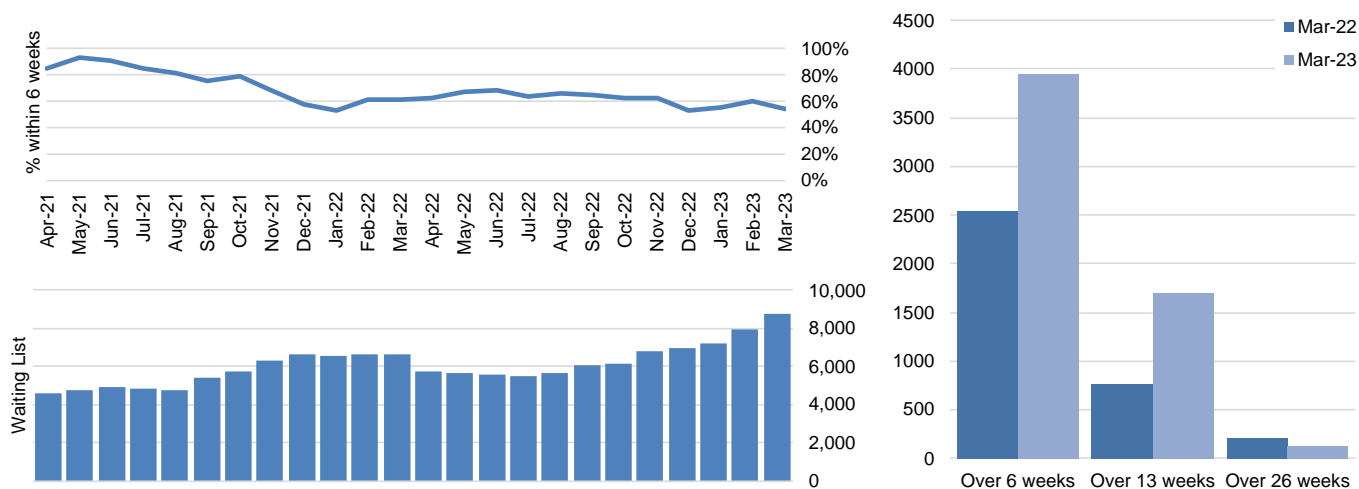
Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-24 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-24 At risk
	Three step validation process of waiting lists will be implemented	Mar-24 Off track

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Performance
54.6%

Local Performance



National Benchmarking

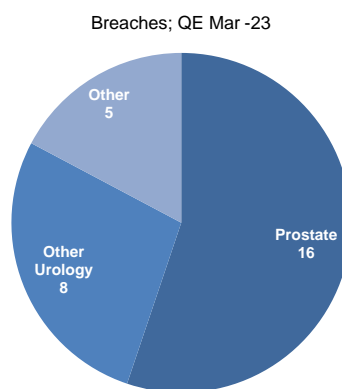
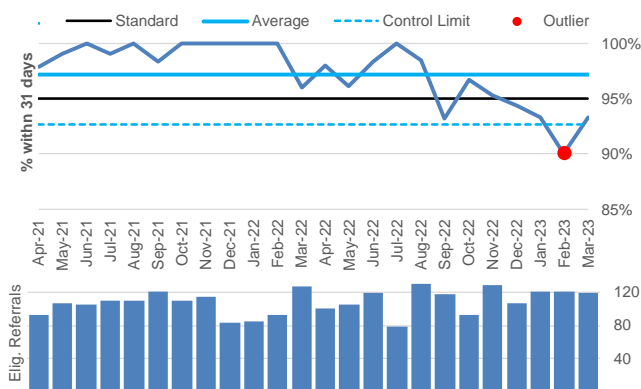
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%	53.3%	55.3%	59.9%	54.6%
Scotland	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	47.6%	50.6%	45.8%			

Key Deliverable	End Date
Reducing long waits; Diagnostics	Mar-24 At risk
Radiology -7 day working	Mar-24 Off track

Cancer 31-Day Diagnosis to Treatment

95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

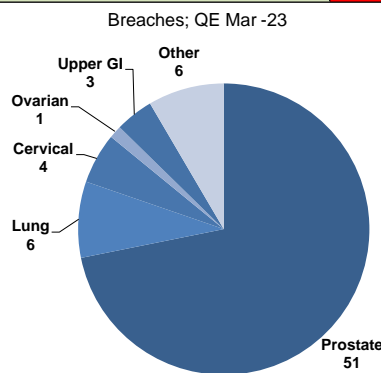
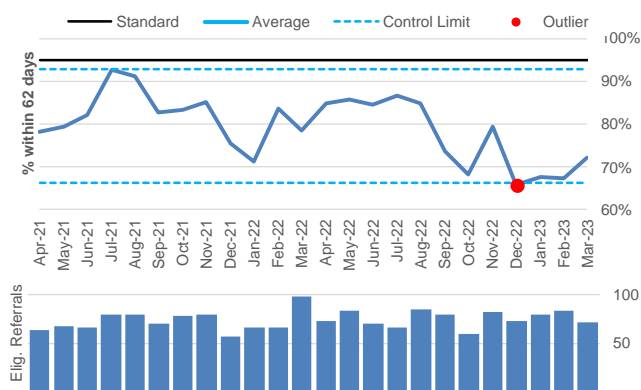
Performance
93.3%



Cancer 62-Day Referral to Treatment

95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance
72.2%



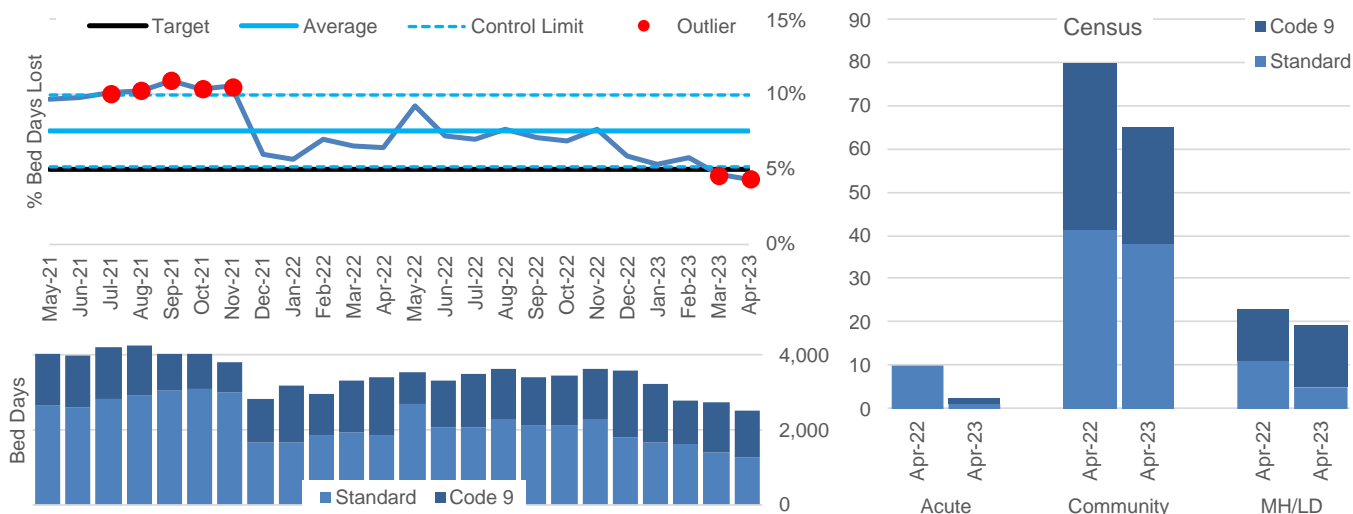
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-24 On track
Key Milestones	ECDC development/expansion	Jun-23 Off track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 Complete
	Continued public and patient engagement	Mar-23 Complete
	Increased access to trials linking with R, I & K	Mar-23 Complete
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-24 Off track
Delivery of Cancer Waiting Times		Mar-24 Off track
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance.	Mar-24 Proposal
	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-24 Off track

Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Performance
4.3%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21				2021/22			2022/23	
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	10.8%

Key Deliverable

Deliver Home First and enable Prevention and Early Intervention

End Date

Dec-23
On track

Key Milestones

- Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter. Jun-23 Complete
- Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach Jun-23 Complete
- Support citizens to have greater control and choice of care preferences in event of a future deterioration or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP. Jul-23 At Risk
- Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation Dec-22 Suspended
- Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time Mar-23 Complete
- Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy. Jul-23 At risk
- Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge Mar-23 Complete
- Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future Oct-22 Complete

Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay

Mar-23
Complete

Continue to reduce delayed discharge		Dec-23 On track
Key Milestones	Reduce hand offs in discharge processes	Feb-23 Complete
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 Complete
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Dec-23 Complete
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 Complete
	Planned Date of Discharge Project	Mar-23 Complete
	Front Door Model	Mar-23 Complete
	Electronic referrals	Dec-23 On track

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Finance

NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

**Revenue
(£9.7m)
Capital
£30.7m**

1. Executive Summary

1.1 The NHS Board financial position for the year to 31st March 2023 is in line with projections and meets Scottish Government requirements to spend within Revenue and Capital resource limits.

- A break even position against Revenue Resource Limit after brokerage of £9.738m (Table 1)
- A break-even position against Capital Resource Limit (Table 2)
- Cash target achieved with a closing bank balance of £0.466m at 31st March 2023

The financial position remains subject to review and confirmation by our external auditors, Azets, as part of their year-end review of Annual Accounts which is currently underway.

Revenue Financial Position as at March 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	263,005	263,005	275,399	-12,394
IJB Non-Delegated	9,825	9,825	9,612	213
Non-Fife & Other Healthcare Providers	101,339	101,339	104,155	-2,816
<u>Non Clinical Services</u>				
Estates & Facilities	84,175	84,175	84,174	1
Board Admin & Other Services	72,975	72,975	72,271	704
<u>Other</u>				
Financial Flexibility & Allocations	14,762	14,762	0	14,762
Income	-20,902	-20,902	-21,102	200
Grip and Control	-2,608	-2,608	-2,608	0
Sub-total Core position	522,571	522,571	521,901	670
Financial Gap	-10,408	-10,408	0	-10,408
HB Retained Surge Capacity	3,529	3,529	3,529	0
HB retained Covid 19	12,466	12,466	12,466	0
SUB TOTAL	528,158	528,158	537,896	-9,738
Repayable SG Brokerage Funding Support	9,738	9,738	0	9,738
TOTAL HEALTH BOARD RETAINED SERVICES	537,896	537,896	537,896	0
<u>Health & Social Care Partnership</u>				
Fife H & SCP	360,137	360,137	360,137	0
Health delegated Covid 19	10,724	10,724	10,724	0
SUB TOTAL HEALTH DELEGATED SERVICES	370,861	370,861	370,861	0
TOTAL	908,757	908,757	908,757	0

FINANCE, PERFORMANCE & RESOURCES: FINANCE

- 1.2 The financial plan approved in March identified cost improvement plans of £11.7m and a capital to revenue funding transfer of £2m, leaving a financial gap of £10.4m against an original £24.1m financial gap position. What followed was a year of extreme challenge for services with the ongoing consequences of Covid 19. This led to significant demand for unscheduled care services, high acuity, and increased length of stay across hospital and community services. Despite these challenges we worked with our partners at Scottish Government and the Fife Health and Social Care Partnership (HSCP) to deliver the financial position we set out at the beginning of the financial year. We have been able to improve on our residual gap as a result of overachieving on our medicines optimization workstream, good housekeeping and a number of grip and control measures that we have taken forward.
- 1.3 The Health Board retained position at the end of March 2023 was an agreed overspend of £9.738m for which Scottish Government brokerage funding support has been approved.
- 1.4 During the year we delivered £9.8m of our £11.7m cost improvement programme, comprising £3.0m (32%) from recurring sources and the balance of £6.7m from non-recurring sources. Our reliance on temporary staffing together with global inflationary pressures meant we were unable to deliver on all our cost improvement plans.
- 1.5 Financial support was received from Scottish Government targeting a number of cost pressure areas, namely additional Covid 19 monies to fund costs in excess of our covid funding cap, the financial impact of the reduction in the planned care allocation received in year and support for the financial consequences of the significant and ongoing service pressure across unscheduled care which driven the need for additional supplementary staffing for both nursing and medical workforces.
- 1.6 Workforce pressures arising from service demand and high vacancy levels, a position faced across all of NHS Scotland, meant we incurred significant costs on temporary staffing. We have been successful with overseas recruitment working in partnership with Yeovil Hospitals Trust in England and we plan to continue our international recruitment drive in the new financial year. In addition, the establishment of our new band 4 practitioner role during the year is providing capacity to the nursing workforce and reducing the reliance on temporary staff.
- 1.7 Costs directly attributable to Covid-19 have been identified and matched with budget, £15.995m, on a non-recurring basis. This includes the positive support received from the Integrated Joint Authority for a system wide approach to support the cost of surge activity for the full financial year. Work continues to identify mitigating actions on projected covid impact into the new financial year.
- 1.8 Health Delegated Services report a break-even position for both Core and Covid at the end of March 2023.
- 1.9 The NHS Board will meet overspends on Set Aside Services totalling £5.274m.
- 1.10 Capital expenditure for 2022/23 was £30.709m (net of a capital to revenue transfer value of £2.6m) reflecting a balanced position illustrated in Table 2 below.

Table 2	CRL Funding £'000	Total Expenditure to March 2023 £'000	Variance £'000
Statutory Compliance/Backlog Maintenance	5,151	5,053	98
Clinical Prioritisation	541	748	(207)
Capital Equipment	5,244	4,983	261
Digital & Information	2,780	2,782	(1)
Elective Orthopaedic Centre	12,906	13,193	(287)
Kincardine Health Centre	543	540	3
Lochgelly Health Centre	408	406	2
Mental Health Review	53	55	(2)
QMH Upgrade	1,646	1,550	96
Capital to Revenue Transfer	-	-	
HEPMA	1,061	1,061	0
LIMS	325	338	(12)
Net Book Value	51		51
Total Capital Expenditure 2022/23	30,709	30,709	0

2. Recommendation

2.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

- **Note** the reported core revenue resource limit breakeven position after requesting brokerage of £9.738m
- **Note** the break-even position against Capital Resource Limit
- Note the Cash target achieved with a closing bank balance of £0.466m at 31st March 2023

3. Appendices

List of Appendices		
Appendix	Description	Report Reference
1	Revenue Resource Limit	Section 1.1 Table 1: Revenue Position
2	Service Level Agreements	Section 1.1 Table 1: Revenue Position
3	Financial Flexibility	Section 1.1 Table 1: Revenue Position
4	Cost Improvement Plans	Section 1.4
5	Health Board Covid Costs	Section 1.7
6	Health Delegated Core; and Covid Costs	Section 1.8
7	Health Delegated Earmarked Reserve	Section 1.8
8	Capital	Section 1.10

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000
June letter	748,855		125	748,980
July Letter			101	101
August Letter		8,828	4,765	13,593
September Letter		1,408	4,363	5,771
October Letter	600	5,132	1,966	7,698
November Letter		8,701	2,910	11,611
December Letter		61,772	149	61,921
January Letter		11,379	-19,871	-8,492
February Letter		321	32,364	32,685
GJNH Top Sliced Adjustment Board SLAs			-34	-34
Young People Family Fund			23	23
Regional Programme Manager			32	32
Positron Emission Tomography Scans			-644	-644
System pressures			6,000	6,000
Learning Disability Health Checks		137	-69	68
ADP tranche 3			2,252	2,252
NTC			1,971	1,971
				0
Total Core RRL Allocations	749,455	97,678	36,403	883,536
Mental Health Bundle		1,341		1,341
PPE			971	971
Capital to Revenue			2,600	2,600
Covid Social Care			1,082	1,082
Brokerage			9,738	9,738
	0	1,341	14,391	15,732
	749,455	99,019	50,794	899,268
IFRS			8,516	8,516
Donated Asset Depreciation			114	114
Impairment			-719	-719
AME Provisions			-2,344	-2,344
Fair Value GP Loans			322	322
Donated Assets Additions			-1,241	-1,241
CNORIS 2			4,841	4,841
Total Anticipated Non-Core RRL Allocations	0	0	9,489	9,489
Grand Total	749,455	99,019	60,283	908,757

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	105	105	102	3
Borders	47	47	61	-14
Dumfries & Galloway	28	28	61	-33
Forth Valley	3,443	3,443	3,917	-474
Grampian	384	384	356	28
Greater Glasgow & Clyde	1,784	1,784	1,769	15
Highland	148	148	217	-69
Lanarkshire	127	127	231	-104
Lothian	34,044	34,044	35,692	-1,648
Scottish Ambulance Service	109	109	113	-4
Tayside	45,302	45,302	48,438	-3,136
	85,521	85,521	90,957	-5,436
UNPACS				
Health Boards	14,214	14,214	10,398	3,816
Private Sector	799	799	1,418	-619
	15,013	15,013	11,816	3,197
OATS	740	740	1,315	-575
Grants	65	65	67	-2
Total	101,339	101,339	104,155	-2,816

Appendix 3: Financial Flexibility

	Flexibility Released to March 23
	£'000
Drugs :NMF	6,661
Junior Doctor Travel	19
Consultant increments	251
Discretionary Points	34
Prior Years Approved Developments, National Initiatives, Uplifts, Health Retained 22-23 Uplifts	6,594
Cost pressures 22-23	
Allocations to be distributed	1,203
Total	14,762

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	1,000	379	-621
PCD	Investment in Theatres Procurement / Cost Reduction	500	500	138	-362
PCD	Repatriation of Radical Prostatectomy	205	205	0	-205
WCCS	Travel & Printing	60	60	72	12
WCCS	Managed Service Contract for Labs	425	425	425	0
WCCS	Skill Mix Review	50	50	49	-1
ECD	Pirfenidone / Nintedanib	40	40	40	0
ECD	Patent Expiry / Homecare	160	160	0	-160
WCCS	Community Paediatric Drugs	20	20	20	0
Acute	Reduction in Non Core Staffing	2,000	2,000	1,019	-981
WCCS	Vacancy Release	210	210	209	-1
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	700	1,166	466
P&I	Major Contract Review	250	250	250	0
P&I	Property Maintenance Minor Works Team	100	100	0	-100
P&I	Energy Savings - NDEE Project	150	150	160	10
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	250	338	88
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	402	402	0
All	Vacancy Factor	1,183	1,183	1,149	-34
All	Financial Grip & Control	3,415	3,415	3,413	-2
Total		11,700	11,700	9,812	-1,888

Appendix 5: Health Board Covid-19 Spend

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute Services	2,716	2,716	4,865	7,581	-4,865
HB Retained Surge Capacity	3,529		3,529	3,529	0
Estate & Facilities	85	85	308	393	-308
Corporate	1,182	1,182	128	1,310	-128
Funding Envelope	5,301	0		0	5,301
Subtotal	12,813	3,983	8,830	12,813	0
Test & Protect	3,182	3,182	0	3,182	0
Total	15,995	7,165	8,830	15,995	0

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 6a: Health Delegated Core Position

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	360,137	360,137	360,137	0
SUB TOTAL	360,137	360,137	360,137	0

Appendix 6b: Health Delegated Covid-19 Spend

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	4,292	4,292	0
Complex and Critical Services	122	122	0
Primary Care and Prevention Services	111	111	0
Professional/Business Enabling	161	161	0
Covid-19 Vaccination Costs	6,038	6,038	0
Total	10,724	10,724	0

Appendix 7: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305	303	589	487	499
Vaccine	2,472	1,053	472	330	372	453	753	749	459	505	672	229
SG Correspondence re Covid										21487		
ADP (from Core)	1,700											81
Primary Care Improvement Fund	6,585		145	18	167	240	328	244	219	160	3320	1157
Care homes	817		41	15	599	15	15	15				
Urgent Care Redesign	950	139	110	105	87	76				-70		
Action 15	1,791								167		1425	356
District Nurses	213											
Fluenz	18							18				
Mental Health Recovery & Renewal	3,932	100	122		63		1217		1666	124	11	-149
Workforce Wellbeing	196											
Budival	213										110	
Child Healthy Weight	23								23			
Acceleration of 22/23 MDT recruitment	300										41	12
Multi Disciplinary Teams	1,384											
GP Premises	430										270	
Afghan Refugees	47											
Dental Ventilation	669		72		1	236	80					21
Interface care	170			30							34	
School Nursing	146											
Remobilisation of dental services	313											
Psychological Therapies	264								264		43	
Uncommitted Reserves												
RT Funding	1,500											
Core general reserve	3,402		127	98	524	15	-56				98	143
Core underspend	3,550											
Surge Ward												3519
TOTAL	64,607	1,912	1,416	975	2,177	1,316	2,861	1,313	3,119	22,795	6,511	5,868

Appendix 8: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	63	63	63
Statutory Compliance	275	268	268
Capital Equipment	229	226	226
Condemned Equipment	0	0	0
National Equipping Tranche 1	78	78	78
National Equipping Tranche 2	50	45	45
Estates NIB Bid	1,489	1,532	1,532
Total Community & Primary Care	2,184	2,211	2,211
ACUTE SERVICES DIVISION			
Statutory Compliance	1,864	1,790	1,790
Capital Equipment	1,195	1,053	1,053
Clinical Prioritisation	187	412	412
Condemned Equipment	111	111	111
QMH Theatre	1,634	1,538	1,538
Energy Pods	50	45	45
National Equipping Tranche 1	1,550	1,609	1,609
National Equipping Tranche 2	667	544	544
Elective Orthopaedic Centre	12,906	13,190	13,190
Ferno Trollies	50	50	50
Estates NIB Bid	1,332	1,329	1,329
Phase 2 Endoscopy	973	974	974
Equipment Funding	250	249	249
Additional SG Funding	54	54	54
Total Acute Services Division	22,822	22,948	22,948
NHS FIFE WIDE SCHEMES			
Equipment Balance	0	0	0
Digital & Information	1,708	1,721	1,721
Clinical Prioritisation	0	0	0
Statutory Compliance	54	0	0
Condemned Equipment	0	0	0
Capital to Revenue Transfer	0	0	0
D&I NIB Bid	1,928	1,928	1,928
HEPMA	512	512	512
National Equipping Tranche 2	42	0	0
Total NHS Fife Wide Schemes	4,243	4,161	4,161
TOTAL CAPITAL ALLOCATION FOR 2022/23	29,249	29,320	29,320

ANTICIPATED ALLOCATIONS 2022/23			
Kincardine Health Centre	408	406	406
Lochgelly Health Centre	543	540	540
Mental Health	53	55	55
Additional SG Funding	385	368	368
LIMS	20	20	20
Anticipated Allocations for 2022/23	1,409	1,389	1,389

Total Anticipated Allocation for 2022/23	30,658	30,709	30,709
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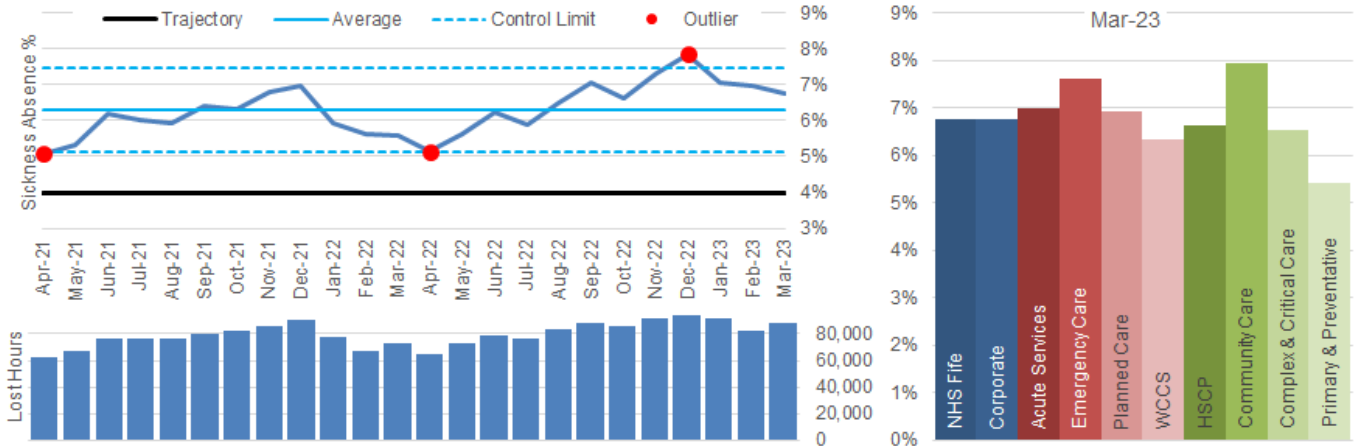
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

6.76%

Local Performance (sourced from East Region Workforce Dashboard)



National Benchmarking (sourced from SWISS)

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%	6.95%	6.76%
Scotland	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	6.87%	5.60%	

Key Deliverable

Support the Health and Wellbeing of our Staff

End Date

Jun-23
At risk

Key Milestones

Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

Mar-23
Complete

Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence

Jun-23
At risk

STAFF GOVERNANCE

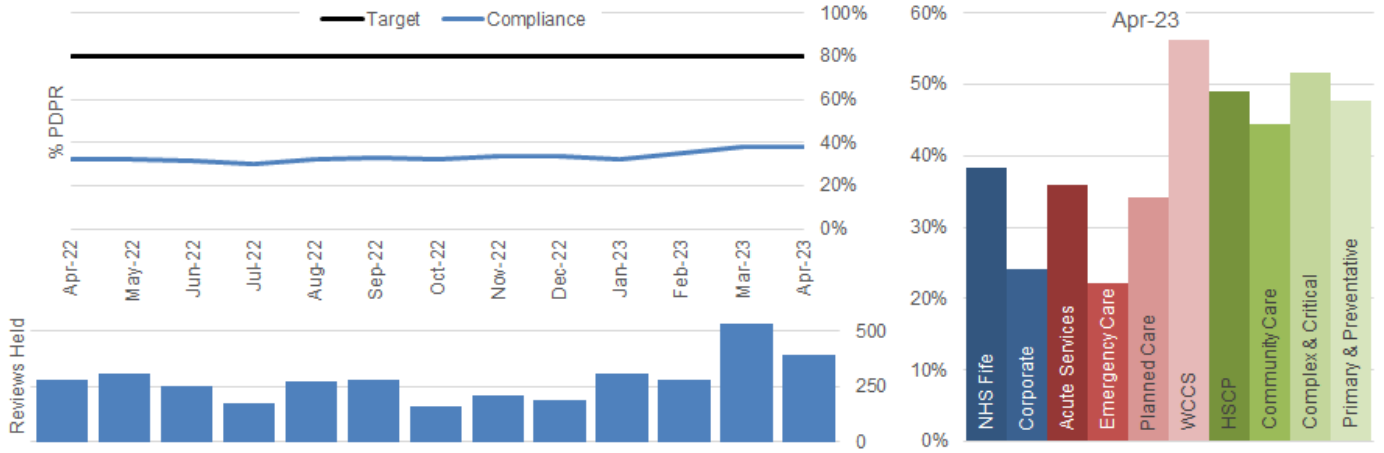
PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance

38.3%

Local Performance



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife		31.9%	31.4%	30.4%	32.4%	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%
Corp.				23.7%	25.7%	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%
Acute				31.0%	33.9%	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%
HSCP				34.0%	35.6%	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%

Key Deliverable		End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-24 At risk
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 Complete
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 Complete
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDPR activity	Dec-22 Complete

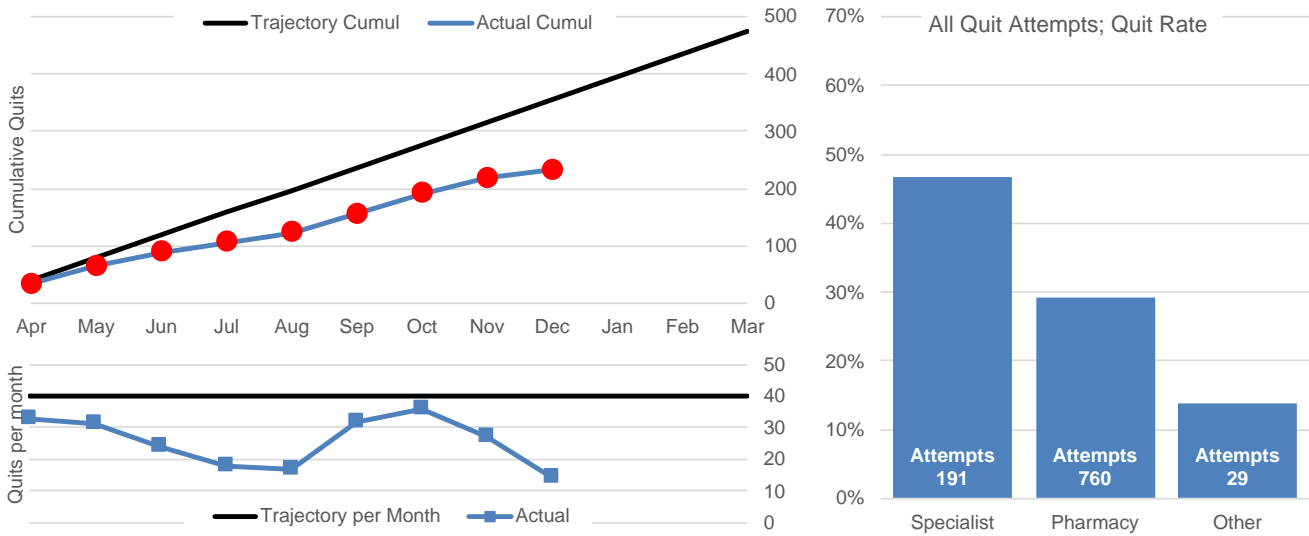
POPULATION HEALTH AND WELLBEING

Smoking Cessation

In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Performance
232

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	33	31	24	18	17	32	36	27	14			
	Actual Cumul	33	64	88	106	123	155	191	218	232			
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
Scotland	Achieved	82.5%	81.0%	74.6%	67.1%	62.4%	65.7%	69.2%	69.2%	65.5%			

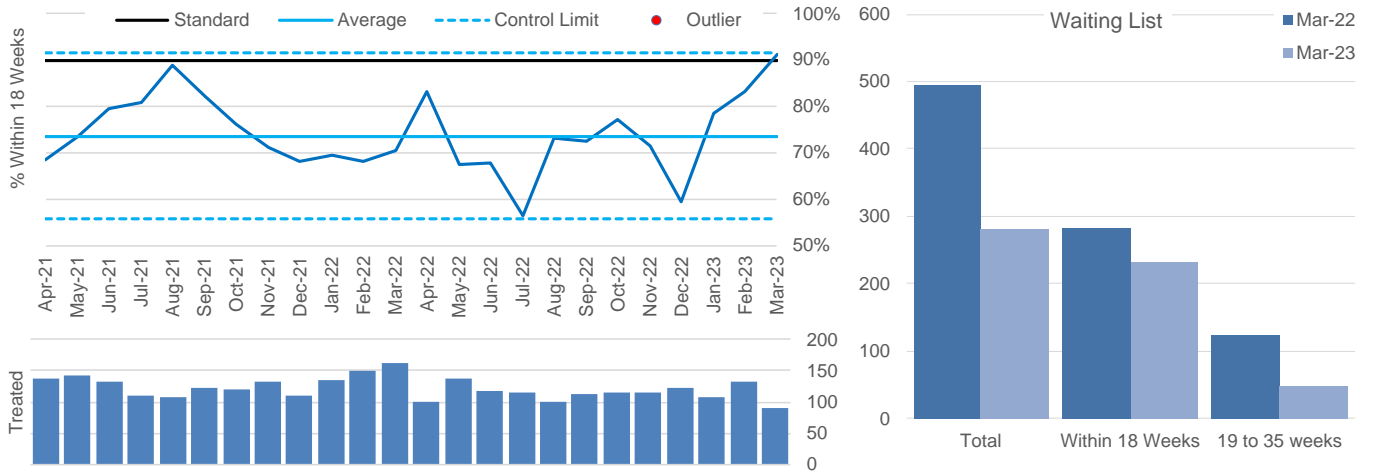
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Apr-23 Complete
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 Complete
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 Complete
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance
91.1%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%
Scotland	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%	69.0%	67.4%	75.6%	0.0%	0.0%	0.0%

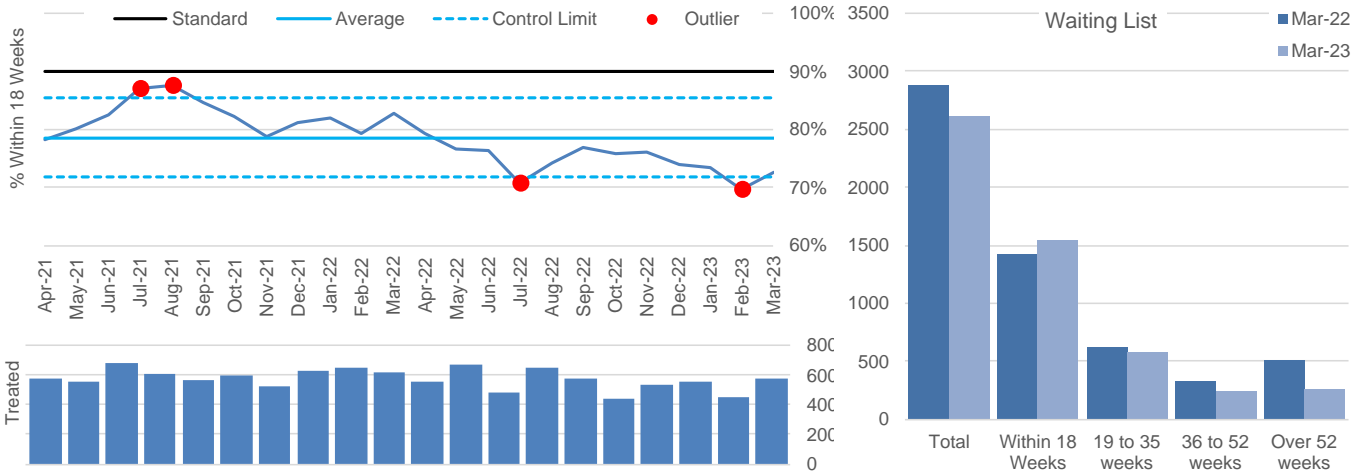
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Aug-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Aug-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Aug-23 On track

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance
72.5%

Local Performance



National Benchmarking

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%
Scotland	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%	80.8%	80.5%	82.3%	0.0%	0.0%	0.0%

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-24 At Risk
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 Complete
	Recruit new staff as per Psychological Therapies Recovery Plan	Oct-23 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-24 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Completed

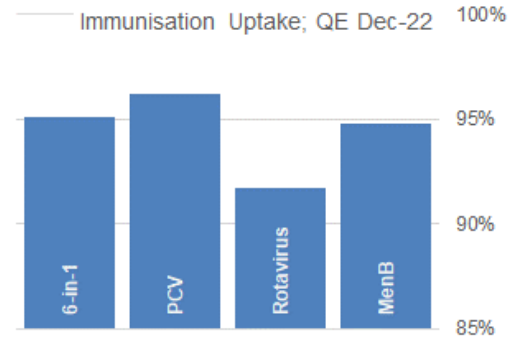
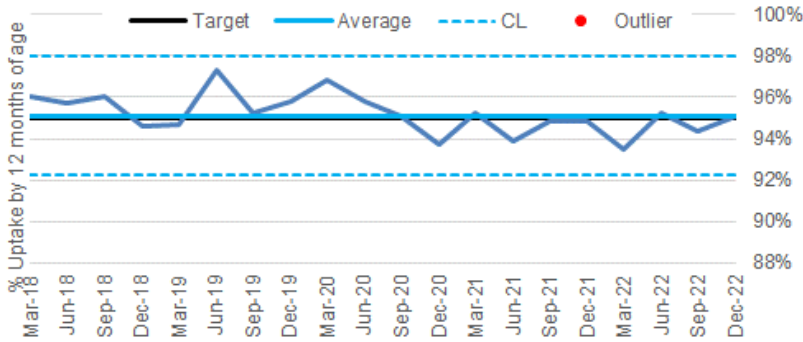
POPULATION HEALTH AND WELLBEING

Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance
95.1%

Local Performance



National Benchmarking

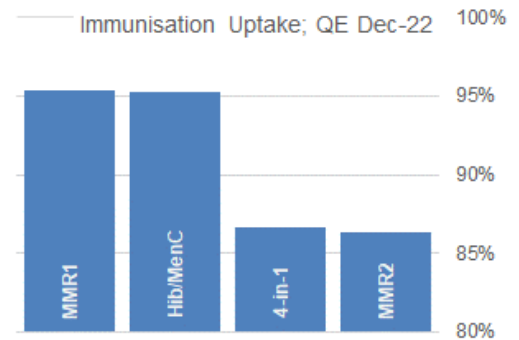
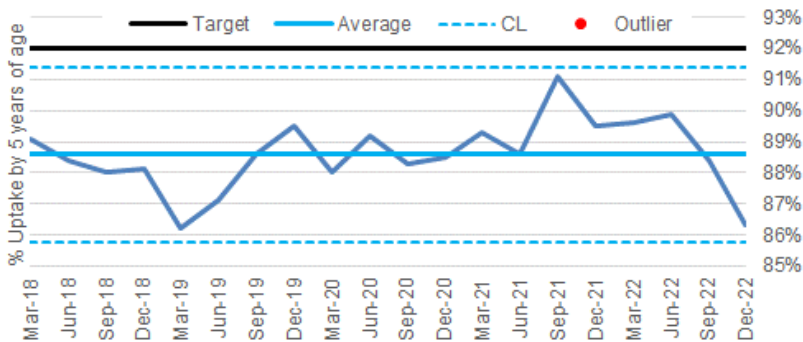
Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
86.3%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%

Key Deliverable		End Date
Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population		Apr-23 Complete
Key Milestones	6-in-1 primary vaccination uptake at age 12 months for Fife population	Apr-23 Complete
	MMR2 uptake at age 5 years for Fife population	Apr-23 Complete